

Joyce Lawrence, 3/19/2014

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1 UNITED STATES DISTRICT COURT
 2 SOUTHERN DISTRICT OF OHIO
 3 WESTERN DIVISION
 4

5 HEALTHY ADVICE :
 NETWORKS, LLC, :
 6 :
 Plaintiffs, :
 7 :
 vs. : CASE NO. 1:12cv00610
 8 :
 CONTEXTMEDIA, INC., :
 9 :
 Defendants. :

10
 11 Deposition of JOYCE LAWRENCE, a witness
 12 herein, taken by the defendants as upon
 13 cross-examination, pursuant to the Federal
 14 Rules of Civil Procedure and pursuant to
 15 Notice of counsel as to the time and place
 16 and stipulations hereinafter set forth, at
 17 the offices of Thomas Hankinson, Esq.,
 18 Keating Muething & Klekamp, One East Fourth
 19 Street, Suite 1400, Cincinnati, Ohio, at 1:35
 20 p.m., Wednesday, March 19, 2014, before
 21 Valerie Jones Conn, a Registered Professional
 22 Reporter, Certified Realtime Reporter, and
 23 Notary Public within and for the State of
 24 Ohio.

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1 APPEARANCES

2

3 FOR THE PLAINTIFFS: Aaron Bernay, Esq.
Frost Brown Todd
4 3300 Great American Tower
301 E. Fourth Street
5 Cincinnati, Ohio 45202

6 FOR THE DEFENDANTS: THOMAS HANKINSON, ESQ.
Keating Muething &
7 Klekamp
One East Fourth Street
8 Suite 1400
Cincinnati, Ohio 45202

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1 S T I P U L A T I O N S

2 It is stipulated by counsel for the
3 respective parties that the deposition of
4 JOYCE LAWRENCE, a witness herein, may be
5 taken at this time by the defendants as upon
6 cross-examination and pursuant to the Federal
7 Rules of Civil Procedure and Notice of
8 counsel to take deposition, all other legal
9 formalities being waived by agreement; that
10 the deposition may be taken in stenotype by
11 the Notary Public Reporter and transcribed by
12 her out of the presence of the witness; that
13 the transcribed deposition was made available
14 to the witness for examination and signature
15 and that signature may be affixed out of the
16 presence of the Notary Public-Court Reporter.

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1 JOYCE LAWRENCE,
2 a witness herein, of lawful age, having been
3 first duly sworn as hereinafter certified,
4 was examined and testified as follows:

5 CROSS-EXAMINATION

6 BY MR. HANKINSON:

7 Q. Good afternoon.

8 A. Hi.

9 Q. Ms. Lawrence?

01:35 10 A. Yes.

11 Q. I'm Tom Hankinson. I'm a lawyer
12 for ContextMedia, which is the defendant in
13 this case. Do you understand who the
14 plaintiff is in this case?

15 A. Yes.

16 Q. And is that your employer,
17 PatientPoint?

18 A. Yes.

01:35 19 Q. And PatientPoint was formerly
20 known as Healthy Advice Networks?

21 A. Yes.

22 Q. Have you ever been deposed
23 before?

24 A. No. First time.

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1 Q. Ever given any testimony in
2 court?

3 A. No.

4 Q. I'll just run over a few small,
5 you can call them ground rules or guidelines.

6 I'll be asking questions, you'll be
7 responding. Val is going to be taking down
8 the questions and answers so it's helpful if
9 we try not to talk over each other. You've

01:36 10 done excellent at that so far. Sometimes I
11 stumble, pause, have long pauses in my
12 questions as I'm thinking. If you could work
13 with me to make sure I'm finished with the
14 question and I'll try to wait until you're
15 completely finished with your answer before I
16 ask the next question. Another thing is that
17 we need to give all responses out loud, so no

18 -- we shouldn't shake, you know, head or say
19 uh-huh because uh-huh can be ambiguous so we
01:36 20 try to say yes or no. And I'll try to -- I
21 tend to gesticulate like this. If there's
22 ever anything that you think I'm moving my
23 hands around and it's part of the question
24 that's not going to get down, remind me to

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1 make sure that I'm saying everything out loud
2 and I'll try to remind you to answer out
3 loud, as well.

4 A. Okay.

5 Q. And I'll ask you to speak up a
6 little bit. In these afternoon sessions a
7 lot of times we can kind of start to whisper.
8 I do that, too; I'll try to keep my volume
9 up, so do you understand that?

01:37 10 A. Yes.

11 Q. If you ever need a break, go
12 ahead and ask for one --

13 A. Okay.

14 Q. -- and that's fine. If you need
15 water, a bathroom break or just to take a
16 break for any reason, let us know.

17 A. Okay.

18 Q. You'll have to answer the
19 pending question; if I've asked a question,
01:37 20 you'll have to answer it and then we'll take
21 a break. Okay?

22 A. Uh-huh.

23 Q. Sometimes Aaron may object to a
24 question that I've asked. He'll state his

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1 objection and then, unless he instructs you
2 not to answer, you should go ahead and
3 answer. If he wants you to not answer the
4 question he'll tell you I instruct you not to
5 answer. Do you understand that?

6 A. Uh-huh. Yes. I understand
7 that. Sorry.

8 Q. And then if you do answer a
9 question I'm going to assume that you
01:38 10 understood it. Is that okay?

11 A. Yes.

12 Q. If there's ever any part of a
13 question that you don't understand, please
14 feel free to ask me to repeat it or rephrase
15 it. Okay?

16 A. Uh-huh.

17 Q. Anything I've missed? If you
18 think of something later, pipe up.

19 MR. BERNAY: We're good to go.

01:38 20 Let's go.

21 Q. All right. Would you please
22 state your name and spell your last name?

23 A. Yes. Joyce Lawrence,
24 L-A-W-R-E-N-C-E.

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1 Q. What is your current job title?

2 A. Well, I work at PatientPoint and
3 I'm a practice relations rep.

4 Q. A practice relations
5 representative?

6 A. Yes.

7 Q. And what department or group is
8 that in?

01:39

9 A. It's -- it's kind of like
10 customer service.

11 Q. Who is the -- do you refer to it
12 as department or team or a group?

13 A. We're a team.

14 Q. A team. And who's the head of
15 that team?

16 A. Amy Finley and Heather McGovern.

17 MR. BERNAY: You may want to
18 speak up a little bit for the court
19 reporter --

01:39

20 A. Okay.

21 MR. BERNAY: -- if possible.

22 Q. If you need coffee --

23 MR. BERNAY: Or Mountain Dew.

24 Q. Right. Is your group sometimes

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1 referred to as, like, customer relationship
2 management?

3 A. Yes.

4 Q. Is that the official title of
5 it?

6 A. I would say yes.

7 Q. Are Amy Finley and Heather
8 McGovern on the same level in terms of their
9 positions or does one report to the other?

01:40 10 A. One reports to the other. Amy
11 first and then Heather under her.

12 Q. Are there other people that have
13 Heather's level of position with different
14 people reporting to them and then up to Amy
15 through them, or is Heather the only person
16 at that level in the chain of command?

17 MR. BERNAY: I'm going to object
18 to the form. You can answer.

19 A. Well, that's all that I know of
01:40 20 right now. I mean, there's just -- just Amy
21 and then when I was hired it was Amy and then
22 Heather was made the next in line, I guess a
23 supervisor under her.

24 Q. What is Heather's title?

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1 A. Assistant supervisor.

2 Q. And what is Amy's title?

3 A. She's -- gosh, I don't know the
4 exact title for her -- relations manager. I
5 don't know what she actually goes by but she
6 is who we report to. She is our manager.

7 Q. She's the head of the customer
8 relation management team?

9 A. Uh-huh. Yes.

01:41 10 Q. Who else is a member of your
11 team?

12 A. We have about 11 people now. We
13 have Carrie Shank -- my mind's blank.

14 Q. Is Lori Smith on your team?

15 A. Yes, Lori Smith.

16 Q. Did you ever work with Melissa
17 Lake?

18 A. Yes, Melissa Lake.

01:42 19 Q. Is she an employee or a former
20 employee?

21 A. She is a former employee.

22 Q. About when did she leave the
23 company, if you remember?

24 A. I believe it was maybe

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1 September, September or October of 2013.

2 Q. Do you recall any other members
3 of your team?

4 A. Yes. There is Gail -- trying to
5 think of her last name, she's kind of new --
6 and then we have Lucy Johnston. Trying to
7 think.

8 Q. I'm really sorry to have to
9 remind you but you need to speak up --

01:43 10 A. Okay.

11 Q. -- okay? I'm sorry. I'm having
12 trouble hearing you.

13 A. There's Lucy Johnston and then
14 there's Suzanna Schmidt.

15 Q. What are your job
16 responsibilities?

17 A. I take incoming calls and then I
18 also call the customer to make sure
19 everything is working okay. If a sales rep
01:43 20 goes out and updates information on their
21 displays I call to make sure everything is
22 working, that the representative did go out
23 and make updates to make sure they did fill
24 the displays. If there's something broken on

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1 a display I'll make sure it does get fixed.
2 I call and make the appointment to make sure
3 that they did -- I'll make the appointment to
4 make sure that a rep goes out and replaces a
5 display or I can send a part out to fix that
6 display. We do periodically call and, well,
7 a lot -- make updates to the monitor's
8 messages. We want to make sure that they do
9 every -- at least every three months make a
01:44 10 change to their messages.

11 Q. When you say the monitor's
12 message, are you referring to the custom
13 messages that are provided by doctor's office
14 or practice?

15 A. Yes.

16 Q. And you're saying it's a goal of
17 your group to ensure that the practices
18 update their custom messages every so often?

19 A. Yes, to keep them fresh for the
01:45 20 patients while they wait.

21 Q. Is that important for patients?

22 A. Yes. We -- I feel it is so it
23 doesn't get repetitive. Plus, we've changed
24 it a lot lately so that you can add pictures;

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01:45

1 it can download pictures of the physicians,
2 kind of keep it fresh. I don't feel that
3 they -- a lot of them do not know that, that
4 they can do that now. They could add
5 pictures that they can download from their
6 computer, put up on a portal then put a
7 message up with them, put up new doctors,
8 welcome them to the practice in case the
9 patients don't know. It's a lot of neat
10 things that they can do that they're not
11 aware of. Only way they can know is if we
12 tell them.

13 Q. And if a patient sees the same
14 content up on the screen over and over again
15 it can get repetitive and boring?

16 A. I feel it does. I know when I
17 go to my doctor's office I see that.

18 Q. Do you know what system your
19 doctor has?

01:46

20 A. It is PatientPoint.

21 Q. Have you seen PatientPoint's
22 content outside of your own doctor's office?

23 A. Just my doctor's office
24 actually.

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15

1 Q. So none of your training at
2 PatientPoint involved watching the content?

3 A. Of ours? Yes. I mean, I've
4 watched it in our office. We have it in our
5 break room --

6 Q. Oh.

7 A. -- our meeting room.

8 Q. Which network is in your break
9 room?

01:46 10 A. Our PatientPoint information for
11 the primary care.

12 Q. PCN, Primary Care Network?

13 A. Yes.

14 Q. And how long has that been up in
15 the break room?

16 A. It's actually our meeting, like
17 our meeting room. Since I've started.

18 Q. When was that?

19 A. 2010, August.

01:47 20 Q. Has the content that's displayed
21 on that network changed since 2010?

22 A. Yes.

23 Q. What types of changes have been
24 made?

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1 A. All the updates that they've
2 done with different content, the content's
3 always changing usually every month. Every
4 time it does change, it changes on that
5 monitor, also.

6 Q. Why do they change it so
7 frequently?

01:47

8 A. Because the information, medical
9 information's always changing so they keep
10 that all updated. Whatever they're changing
11 for PCN is being changed on that monitor so
12 that we're updated.

13 Q. Is it just a matter of changing
14 the individual segments or does the style or
15 kind of how the information is conveyed, does
16 that change over time, as well?

17 A. It does change over time.

18 Q. And how has that changed since
19 2010?

01:47

20 A. The pictures have changed.
21 They're not so cartoonish. I know some
22 people call it Power Point but it's not Power
23 Point. It's really up to date.

24 Q. What did you mean by cartoonish?

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1 A. There are a lot of -- like it
2 looks like it used to be kind of cartoon, I
3 want to say more of a cartoon figure rather
4 than a real person in the picture.

5 Q. And are those still photos that
6 you're referring to?

7 A. Uh-huh.

8 Q. Yes?

9 A. Yes. I'm sorry. Yes.

01:48 10 Q. So you're saying that since 2010
11 the still photos that have been on the PCN
12 network have appeared to you as going from
13 more cartoonish to being more like pictures
14 of actual people?

15 A. Yes. Uh-huh.

16 Q. And has that been more engaging,
17 in your opinion?

18 A. I feel, yes.

01:49 19 Q. Has anybody told you that
20 PatientPoint has worked on improving its
21 content?

22 A. They haven't told me. I just
23 have noticed it myself. We always have
24 someone upstairs in creative. We send our

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1 ideas up to them. They're always open for
2 ideas. If -- if a practice wants to -- if
3 they suggest something, we forward that on to
4 creative also. We're open for ideas so it
5 starts with us.

6 Q. Do you think it's important that
7 feedback from the practices about the content
8 is passed along to creative and acted on?

9 A. Yes.

01:49 10 Q. And why is that?

11 A. Because we want to please the
12 customer.

13 Q. If the customer's not pleased
14 then there's a risk that either television or
15 a competitor would come in and replace the
16 network, right?

17 A. Sometimes.

18 Q. Is that one of the main reasons
19 that it's important to get feedback from the
01:50 20 customer about the content?

21 A. Yes. I mean, there's always
22 something out there. Lot of times TV --
23 well, we always offer that we can coexist but
24 we always want to keep the customer happy.

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1 Q. So when you say there's a lot of
2 things out there, sometimes TV, what are the
3 other things?

4 A. There's always a competitor.

5 Q. What competitors have you come
6 across?

7 A. There's Accent Health and
8 ContextMedia.

01:50

9 Q. Are there any other competitors
10 that you're familiar with?

11 A. Those are the only two that I
12 can think of right now. TV.

13 Q. In your work have you ever come
14 across a company called Health Monitor?

15 A. Yes, yes.

16 Q. Is that another competitor?

17 A. Yes.

18 Q. Have you ever come across a
19 competitor called Health Media Networks?

01:51

20 A. Yes.

21 Q. What about --

22 A. That's not the same as Health
23 Monitor.

24 Q. Have you ever come across a

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20

1 competitor called Health Focus Media?

2 A. I don't recall that.

3 Q. What about Everwell TV?

4 A. I have seen that one.

5 Q. What about Care Media?

6 A. I don't recall that one.

7 Q. Is another competitor

8 Healthcasts Professional Television Network?

9 A. I haven't ran into that one.

01:52 10 Q. Have you come across Medlink

11 International in your work?

12 A. I haven't seen that one.

13 Q. What about Smart Health Network?

14 A. I haven't ran into it but I have
15 seen those maybe on line or on the internet
16 but I haven't ran into it myself.

17 Q. You're aware that Smart Health
18 Network is a competitor of PatientPoint?

01:52 19 A. I think so, yeah. I just
20 haven't used it. I haven't had anybody come
21 in with that one yet.

22 Q. Does your team share information
23 that you get from the calls that you receive
24 and make among the team?

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1 A. Yes.

2 Q. How often?

3 A. We have a meeting once a week.
4 It doesn't always come up every week but we
5 have the chance to bring it up.

6 Q. Bring what up?

01:53

7 A. If there's something, like,
8 urgent or if there's a lot of competitor
9 information to be brought up, like if it
10 happens a lot we have the chance to bring it
11 up or talk about it on our weekly meetings
12 that we have every Friday.

13 Q. Every Friday?

14 A. Uh-huh.

15 Q. Just to give me an example, what
16 did you talk about at your last team meeting?

17 A. I missed half of it so --

18 Q. Or the one before that. I just
19 want to get a flavor.

01:53

20 A. We usually talk about new things
21 that are coming up with our sales goals.
22 Well, not so much sales because we don't ever
23 sell, but our goals we have of trying to
24 close orders, walking people through, walking

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1 the customers through our practice, wire our
2 other monitor we have, walking them through
3 on how to update the messages. We want to
4 get these closed because we're going to
5 have -- would have the reps going out to all
6 the different offices to update the displays
7 with new brochures, so that's coming up.
8 Well, that's already started this week so now
9 that's going to bring up more work service
01:54 10 orders because they're going to send that to
11 us. Just these goals we have to get finished
12 before new work service. Work is going to be
13 sent out from the reps that are going out to
14 update so we have certain goals we have to
15 get done before that starts up.

16 Q. Part of the team meetings
17 involves feedback from the whole team about
18 trends that they're seeing and another part
19 of the team meeting has to do with management
01:54 20 communicating about goals and instructions
21 for the coming week; is that fair to say?

22 A. Yes.

23 Q. Are there any other parts of the
24 team meeting?

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1 A. Yeah. We did have two people
2 who got promoted so that was kind of a --
3 kind of share that at the end of the meeting.

4 Q. That's good. Lori Smith was
5 one, right?

6 A. She was.

7 Q. I heard that yesterday. That's
8 great.

9 A. It was very nice.

01:55 10 Q. Who else, just for --

11 A. Laura Buegtten.

12 Q. Thank you.

13 A. I didn't -- I can say her name
14 but I can't spell it.

15 Q. That's a new one, too.

16 A. Sorry.

17 Q. No worries. Buegtten?

18 A. Buegtten, B-U-E-G-T-T-E-N.

01:55 19 Q. In your time at PatientPoint
20 have you discussed ContextMedia, including
21 any of its networks, at team meetings?

22 A. Yes.

23 Q. About how often?

24 A. I'd say maybe, maybe once a

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24

1 month.

2 Q. Since 2010?

3 A. Gosh. I couldn't give you an
4 accurate figure. I don't know that.

5 Q. But it's been regularly since
6 2010?

7 A. Not every meeting. I mean, when
8 it first -- I guess when they first started
9 being noticed maybe every two weeks in the
10 beginning.

11 Q. Because a new competitor on the
12 scene was something remarkable and people
13 wanted to share information about them?

14 A. And we were getting -- where I
15 sat in my office I would see things coming
16 back. We were receiving monitors and they
17 were broken and they would sit near my desk
18 until UPS would come and pick them up and
19 take them back to the warehouse.

20 Q. You're saying that's why they
21 were discussed at the team meetings?

22 A. We were trying to get a handle
23 on it to find out why this was happening. We
24 didn't realize that they were just being

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1 taken down without our knowledge and so we
2 were trying to dig deep to find out, try to
3 find out if we can prevent this from
4 happening before it happened. Of course,
5 it's kind of hard to do that but try to reach
6 out to all the certain accounts that we had
7 so -- to find out if we can stop it before it
8 happened so that -- just to let them know,
9 please, if you're going to do something, if
01:58 10 you're going to remove our monitor, we have
11 to know first.

12 Q. And that became a regular part
13 of your calls with practices?

14 A. Yes.

15 Q. Would you say that you and your
16 team were successful in getting that message
17 out?

18 A. Not all the time, no.

19 Q. In general though?

01:58 20 A. We tried.

21 Q. It was a goal of yours?

22 A. It was.

23 Q. And you implemented it in the
24 way that you implement other business goals,

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1 right?

2 MR. BERNAY: Object to the form.

3 You can answer.

4 A. We tried to get in touch with
5 them if we could, let them know if we could,
6 before removing the monitor, let us know, one
7 of our technicians have to remove it. Just
8 has to be one of our technicians before it is
9 removed.

01:59 10 Q. And so you would say that on
11 calls with practices?

12 A. Yes, or maybe we didn't call
13 each one to say before you remove that
14 monitor. We didn't want them to remove it.
15 We did contact them to kind of make touch and
16 update their messages a little more often to
17 make sure that they were engaged in working
18 with the messages on the monitor and their
19 program so we kind of get a feel to make sure
01:59 20 that everything was okay.

21 Q. At one point PatientPoint sent
22 out a letter to its practices about the fact
23 that PatientPoint wanted them to allow a
24 PatientPoint technician to take down monitors

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1 in the case of a switch out; is that right?

2 A. They did.

3 Q. And did that letter go out to
4 all the practices in the networks that were
5 affected?

6 A. I think it was more so the
7 rheumatology.

8 Q. The rheumatology and others, or
9 just rheumatology?

02:00 10 A. As far as I knew it was
11 rheumatology. It could have been the others
12 but I'm not certain.

13 Q. Did any practices call to follow
14 up on that letter?

15 A. Yes.

16 Q. About how many?

17 A. I probably had about 10 that
18 were confused. They didn't know what that
19 meant. They thought that it -- they didn't
02:00 20 understand the letter. They thought maybe
21 wasn't one of our technicians coming out to
22 remove the monitor so I would just explain to
23 them just make sure that they show their ID
24 before they would remove it or ask questions

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1 first.

2 Q. What was the distribution of the
3 letter? About how many practices?

4 A. I don't know.

5 Q. It was in the hundreds, right?

6 A. Could have been. I don't have
7 an exact number.

8 Q. Do you know how big the
9 rheumatology network is?

02:01 10 A. I don't know how many.

11 Q. Was it to the full network?

12 A. Yes, but I don't know how many
13 we have total.

14 Q. And there were about 10 calls to
15 follow up on it?

16 A. That's how many came back to me.

17 Q. To you?

18 A. Yes, to my phone.

02:01 19 Q. Do the members of your team have
20 a focus on any particular network or is it
21 shared the same among everyone?

22 A. It's pretty much shared evenly.

23 Q. In the break room when you're
24 watching or, excuse me, in your meeting room,

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1 is that where you said the content is up?

2 A. Uh-huh.

3 Q. In the meeting room when you're
4 watching the primary care network do you see
5 the types of segments that convey information
6 to the patients?

7 A. Yes.

8 Q. Are some of them -- about how
9 long is each segment?

02:02 10 A. Well, each -- each little
11 picture that runs is about 15 seconds for the
12 patient to read each article.

13 Q. And when you say picture that
14 runs, there's kind of a background picture or
15 -- for each segment that remains the same as
16 the information is building until the next
17 one kind of comes up?

18 A. Uh-huh.

19 Q. And you said that's about a
02:03 20 couple minutes?

21 A. Well, I'm always thinking of the
22 actual personal message they create because
23 we have -- of our segments we have 18 that
24 play every half hour, so 18 play within a

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1 half hour, then 36 within the hour messages
2 so they're about 10 or 20 seconds, I guess,
3 within the -- each content.

4 Q. Before the next background comes
5 up and a new segment starts?

6 A. Uh-huh.

7 Q. And, in the course of one
8 segment, would it be equivalent to about a
9 half a page of text if you just read it all
10 at once?

02:04

11 MR. BERNAY: Object to the form.
12 You can answer.

13 A. I'd say yeah.

14 Q. But it doesn't all appear at
15 once, it appears sort of a few words at a
16 time over the course of the time that the
17 segment runs?

18 A. Uh-huh. Yes.

02:04

19 Q. The message, when I've seen
20 them, there have been some that encourage
21 people to get early screenings for health
22 conditions. Is that a type of segment that
23 runs?

24 A. Yes.

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1 Q. I've seen -- for instance, have
2 you ever seen a spot with Danica Patrick in
3 it to encourage people to get mammograms?

4 A. I don't remember with her.

5 Q. No? Have you seen any other
6 segments that encourage people to get
7 mammograms?

8 A. There's -- there's a message on
9 the Women's Health Network.

02:05 10 Q. What other types of preventive
11 screenings messaging have you seen?

12 A. Like for high blood pressure,
13 get your blood pressure checked. Prostate
14 cancer, be sure to get that checked.
15 Whatever -- I guess each month there's always
16 awareness so they always kind of put those
17 out there for each month.

18 Q. Like a PSA?

19 A. Uh-huh. Yes.

02:05 20 Q. And what are some other
21 examples? I think I've seen lung, something
22 about lung awareness month or --

23 A. Uh-huh. Yes.

24 Q. What's that?

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1 A. Just to -- well, smoke out, if
2 you have -- the doctor's office will help you
3 with it if you want to quit smoking. There's
4 a little segment on that if the doctor's
5 office will help, you know, if they offer
6 that.

7 Q. So it doubles as kind of an ad
8 for the doctor's office because patients can
9 then get the service from the doctor's office
02:06 10 if they request it?

11 A. Yes.

12 MR. BERNAY: Object to the form.
13 You answered.

14 A. And also if they -- if they
15 don't agree with any of that we also have
16 disclaimers we can put up also, so that's
17 another option, if they don't agree with some
18 of the content.

19 Q. What other sorts of PSAs are
02:06 20 there?

21 A. I'm trying to think. There's --
22 I haven't really looked at this month's.
23 I've just been making the personal messages
24 for them. I can't think of any off the top

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1 of my head. They were just in there
2 yesterday, too, but I can't think of
3 anything.

4 Q. Are there some related to
5 aspirin?

6 A. Yeah. They do suggest, if it's
7 okay with the doctor, if you get on a regimen
8 of taking an aspirin but, again, if it's okay
9 with your doctor.

02:07 10 Q. And you said they change each
11 month. There are different awareness
12 campaigns?

13 A. Yes.

14 Q. What types of awareness
15 campaigns are included in the segments?

16 A. Just kind of depends on from
17 month to month. Like for, well, March, what
18 did I do for March? February was heart.
19 There's like a cholesterol one.

02:08 20 Q. When you said a cholesterol one,
21 what are you referring to?

22 A. Cholesterol awareness; get your
23 numbers down for cholesterol, be sure to get
24 them checked, watch what you eat. I forget

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02:08

1 what I did for March but I try to update
2 them, and then also when I talk to the person
3 that we have in charge of updating their
4 messages because I do try to get them to walk
5 through and update them, too, because I can't
6 do every office. I try to have them go to
7 the website to look up each month to do their
8 own awareness, but I know that we do have the
9 content that automatically updates for
10 themselves. They don't have to -- I let them
11 know that we do have the content that will
12 change each month anyway but they have just
13 about unlimited messages that they can change
14 themselves and offer them to go to the
15 website that they can see each month that
16 they can kind of look and get an idea what
17 they want to change for the awareness. They
18 can just follow that.

02:09

19 Q. And each month the PatientPoint
20 content that's provided includes some sort of
21 awareness campaign?

22 A. Usually.

23 Q. The ability of the practice to
24 go in and create this custom messaging, is

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1 that an important feature to the customer?

2 A. Yes. It's a way to advertise
3 without having to pay to advertise.
4 Something that they might want to promote
5 themselves in their office.

6 Q. And is that customization
7 feature something that you think would be a
8 factor in a doctor's decision about whether
9 to have a network or not in the waiting room?

02:09 10 A. I think so, if they were to
11 purchase it. It's very expensive.

12 Q. Do you think that that ability
13 to customize is something that a doctor would
14 consider in choosing between two different
15 networks?

16 A. I don't know. I don't know if
17 that would or not.

18 Q. Have you ever had somebody say
19 that it was important to them to have the
02:10 20 customization?

21 A. No, but the way we've changed it
22 now I don't know if they -- that's why I try
23 to reach out to them. I don't know that they
24 know all that they can do now since we've

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1 made such changes.

2 Q. Do you think, when the word gets
3 out about the improvement in the customizable
4 messaging, that it will help to reduce churn?

5 A. I think so. It's pretty user
6 friendly.

7 Q. It's a competitive advantage?

8 A. I feel like it is.

9 Q. About how many calls do you get
02:11 10 on with practices each day?

11 A. Between 20 and 30 calls.

12 Q. Is that every day?

13 A. No, sometimes less. I do a lot
14 of e-mails, too.

15 Q. Okay. And is your entire job
16 communicating with practices and sometime
17 passing along that information internally?

18 A. Uh-huh. Yes.

19 Q. About how many practices do you
02:11 20 think you communicate with in any form each
21 week?

22 A. About a hundred, 120.

23 Q. And has that been the case since
24 you started in 2010?

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1 A. Yes.

2 Q. So you talk to these practices a
3 lot?

4 A. I do.

5 Q. Do you feel like you have a
6 pretty good feel by now for what's important
7 to them?

8 A. Yes.

9 Q. Is part of your job to find out
02:12 10 from the practices what is important to them
11 in making a decision about keeping
12 PatientPoint's network in their waiting room?

13 A. Yes.

14 Q. Is part of that figuring out, if
15 a practice wants to switch to a different
16 network, the reason that the practice wants
17 to switch?

18 A. Yes.

19 Q. Did you receive any training in
02:12 20 how to do that?

21 A. Yes.

22 Q. What kind of training?

23 A. Well, they showed us all the
24 benefits of what PatientPoint has to offer

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1 and then how to go about if someone did want
2 to switch, is that what you mean, if someone
3 wanted to -- somebody called up and wanted to
4 change out PatientPoint to something else?
5 Is that what you meant?

6 Q. I think so. Can you describe it
7 more?

02:13

8 A. If someone wanted to cancel with
9 our service we would go ahead and ask why and
10 we would ask who. Lot of times they don't
11 tell us who so then we would just go on the
12 pretense of just worrying about not so much
13 who but why, and then from there find out
14 what is it we're lacking and is there
15 something we can do to keep them, what is it
16 they're looking for.

02:14

17 Q. Reminds me a little bit of a gym
18 membership that I had in Chicago and when I
19 moved to Cincinnati I had to cancel it and I
20 had to send a fax, then they call and say why
21 do you want to cancel. It's an opportunity
22 to keep the membership going if you can kind
23 of respond to the problems that the
24 customer's raising. Is that an accurate

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1 analogy?

2 A. Yeah, somewhat.

3 Q. So you said somewhat. What's
4 different about it?

5 A. I was thinking of your gym. You
6 can't take it with you, can you? Need a
7 helicopter. Yes, we wanted to try to cover
8 all bases to try to find out what we can do
9 to keep them. If we really can't save them,
02:14 10 if there's nothing more that we can do, what
11 we try to do is find out what it is that they
12 want to change and if it's something -- if
13 they would just tell us what it is that
14 they're looking for. Lot of times they don't
15 open up and tell us, they just say they want
16 to try something different. We don't know
17 what that different is if they don't tell us,
18 so most of the time we end up losing them.

19 Q. About how often after a practice
02:15 20 says it wants to switch are you able to keep
21 the system in the waiting room?

22 A. We give them -- they have to
23 give us a 30 day notice, and that's usually
24 pretty much on the money. I mean, 30 days is

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1 -- we have it out 28 to 30 days. No longer
2 than that.

3 Q. A technician out there to switch
4 them?

5 A. To take out a monitor.

6 Q. I guess my question was about
7 how often after somebody -- how often after
8 somebody says they want to switch do you
9 convince them, after all, to stay?

02:16 10 A. Do I win?

11 Q. How often do you win?

12 A. Say 10 people call, maybe two I
13 might win out. Eight I lose.

14 Q. And has that been pretty steady
15 since 2010 or has it gone up and down?

16 A. It was -- it's kind of died
17 down --

18 Q. Which part?

19 A. -- but it was very steady in
02:16 20 2010.

21 Q. Which part of it was steady, the
22 request to switch, the wins, or both?

23 A. The wins. The losers were in
24 the beginning. It's gotten a little bit

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1 better now. It's kind of tapered off now.

2 The requests have tapered off a little bit.

3 Q. So setting aside how many calls
4 you're getting to switch has the percentage
5 that you've been able to win after they've
6 said they wanted to switch changed over time
7 or --

8 A. No.

9 Q. -- has it gone up and down?

02:17 10 A. It's gone up and down. It's
11 still kind of iffy. One out of 10.

12 Q. Would be the lowest that it's
13 been?

14 A. (Nodding affirmatively.)

15 Q. And then in a really great month
16 about how many out of 10 would you be able to
17 retain after they've said we're going to
18 switch?

19 A. Two.

02:17 20 MR. BERNAY: Tom, to clarify for
21 the record, are your questions geared to all
22 practices or just those switching to
23 ContextMedia?

24 MR. HANKINSON: Is that an

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1 objection?

2 MR. BERNAY: I'm just trying to
3 clarify for the record.

4 MR. HANKINSON: I mean, my
5 questions are what they are. I don't
6 remember what the phrasing of each one was.

7 MR. BERNAY: That's fine.
8 That's fine.

9 Q. Do you find it easier or harder
02:18 10 to win back somebody who wants to switch
11 based on whether the switch is going to
12 television or to any one of the competitors
13 that you mentioned versus the others, or is
14 it always roughly the same one or two out of
15 10 you're able to win back?

16 MR. BERNAY: Object to the form.
17 You can answer.

18 A. It's about the same.

19 Q. Is that 30 day time period in
02:19 20 the enrollment forms intended to give you a
21 chance to do what you do and win back the
22 practices?

23 A. It is, but it's also time enough
24 to get a technician out there also for them

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1 to schedule because we're kind of -- kind of
2 busy to where it is kind of hard to get
3 somebody to get out there between having the
4 technicians installing. It's a little --
5 scheduling is tight, so between installing
6 and moving they kind of have to stagger it.

7 Q. At any point while you've been
8 employed by PatientPoint has there been a 60
9 day period instead of a 30 day period?

02:20 10 A. There used to be and then they
11 did change that to a 30 day.

12 Q. Have you ever -- are you aware
13 of any time in which PatientPoint or Healthy
14 Advice have sued a doctor's office?

15 A. I don't recall.

16 Q. If a doctor's office takes down
17 the Healthy Advice or PatientPoint hardware,
18 itself, what happens?

19 A. If they're going to send it back
02:21 20 to us or if they're going to keep it?

21 Q. In either case what happens?
22 Let's take it first if they're going to send
23 it back to you.

24 A. We usually try to find out,

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02:21

1 well, find out, of course, why, because we
2 lost a signal, we're trying to find out. If
3 they are sending it back to us, how they're
4 going to send it back. We try to get a
5 technician out there actually to pick it up
6 if we can so it's not -- lot of times it's
7 not packaged correctly and by the time it
8 comes back it is broken, we're unable to use
9 it again, but the main thing is to get one of
10 our technicians out there to package it up.
11 That's the --

12 Q. The equipment, if it's not
13 broken, get reused?

14 A. Yes.

15 Q. And about how often are you able
16 to reuse the equipment that comes back?

02:22

17 A. If we have a -- if it's shipped
18 back correctly by one of our techs we usually
19 -- most of the time, hundred percent, as far
20 as I know, because I don't ever get to see
21 that end of it.

22 Q. And then you asked me to clarify
23 if I was asking about instances where the
24 practice wants to keep the hardware. What

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1 happens in that kind of circumstance?

2 A. Depends if it's a 19 inch we
3 don't usually require that one back because
4 we don't use those anymore, but if it's one
5 we still use we, again, still try to get that
6 back.

7 Q. Is the monitor the most
8 important part?

9 A. There's something called a CPU.
02:22 10 We do usually have to get that back.

11 Q. Usually or all the time?

12 A. If it's one that hasn't, what do
13 I want to say, expired. It's one we don't
14 use anymore then just depends on if we still
15 use it or not.

16 Q. How do you know which CPUs are
17 being used still and which are not?

18 A. There's someone upstairs named
19 Vida, she takes care of all that but she's
02:23 20 given us a list to tell us what we still use
21 and what we don't.

22 Q. Vida?

23 A. Vida.

24 Q. V?

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1 A. V-I-D-A.

2 Q. Do you remember her last name?

3 A. I don't remember names, no.

4 Q. And Vida retains a list of what
5 equipment is being reused and what equipment
6 is no longer, I guess, serviceable?

7 A. Right.

8 Q. And does that list change over
9 time?

02:23 10 A. It hasn't in a long time. It's
11 pretty much the same.

12 Q. And do you have an understanding
13 of what equipment, what CPUs are still
14 serviceable and which are not?

15 A. Just from that list she's given
16 us. We have it in our computer what they
17 have and what we have.

18 Q. So you have the list?

19 A. Uh-huh.

02:24 20 Q. It's distributed from Vida to
21 the members of your team?

22 A. Uh-huh. Yes.

23 Q. So when a practice calls and
24 says I want to switch, I've taken down your

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1 system already, you can ask them what type of
2 CPU it is?

3 A. We'll know.

4 Q. You'll know from your notes?

5 A. We'll know from the computer
6 screen at their office.

7 Q. And if it's not one that's on
8 the list to be reused what happens to the
9 CPU?

02:24 10 A. Make sure it's okay, I'll talk
11 to our manager and find out if we're going to
12 have somebody go out to get that.

13 Q. So sometimes you go and get it
14 and sometimes you decide not to?

15 A. We'll ask -- yes, we'll -- if
16 we're going to be able to still use it. If
17 they've already taken it down we'll ask for
18 them, if they're okay with it, to dispose of
19 it or use it however they would like.

02:25 20 Q. I didn't quite understand that.
21 It sounded like you said if we can still use
22 it we'll ask them to dispose of it.

23 A. If it's one that we can use now,
24 if it's something that hasn't been considered

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02:26

1 old and non-usable, we'll ask for them, if
2 they want to, do whatever they would like
3 with it, or if it's something that we are
4 still using and could send a technician out
5 to go get, if it's one that's on that list of
6 not able to use again then we'll ask the
7 office if they're okay with doing whatever
8 they want with it, which is probably not
9 going to be putting it back up to use again
10 since they've already taken it down.

11 Q. I see. I was a little confused.
12 You're asking the office if it's okay with
13 them to do whatever they want with it.
14 You're concerned that leaving it there would
15 annoy them?

16 A. Yes. If they don't want --
17 MR. BERNAY: Objection. You can
18 answer. You can answer.

02:26

19 A. Okay. If they don't want it
20 there we'll send a technician out to go get
21 it from them.

22 Q. But if they're okay with it
23 being there and it's on the old list where
24 they're not reusing it anymore then they'll

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1 just keep it?

2 A. Yes.

3 Q. And has that happened multiple
4 times since 2010?

5 A. Not usually. They usually --
6 most of the time they usually have an up to
7 date -- it's a 32 inch monitor, usually has
8 an up to date CPU.

02:26

9 Q. So it only happens some of the
10 time?

11 A. Rarely, but yes.

12 Q. About how many times a year?

13 A. Just a ballpark figure, maybe
14 two or three times. They might have a 19
15 inch monitor with an old CPU.

16 Q. Usually if it's a 19 inch
17 monitor it also has the old CPU?

18 A. Yes.

19 Q. In every case?

02:27

20 A. Most of the time.

21 Q. And about two or three times a
22 year you've encountered this where the old
23 PCU and the monitor are left at the practice
24 after the practice cancels?

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1 A. Yes.

2 Q. And that's just speaking for
3 yourself, personally, not your whole team,
4 correct?

5 A. Correct.

6 Q. Are you aware of this happening
7 with other members of your team?

8 A. No, I've not heard; we've not
9 talked.

02:27 10 Q. But everybody gets the list from
11 Vida that says what CPUs are still
12 serviceable and which you don't use anymore,
13 correct?

14 A. It was sent to all of us.

15 Q. Have you ever been instructed to
16 do this differently?

17 A. No.

18 Q. Is it your understanding that
19 everybody on your team has the same
02:28 20 instructions about what to do in these
21 circumstances?

22 A. Yes.

23 Q. The same network programming
24 runs on all the CPUs on the system, correct?

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1 MR. BERNAY: Object to the form.

2 You can answer.

3 A. Yes.

4 Q. Do the old CPUs and the new CPUs
5 offer the same features to the practices?

6 A. As far as I know.

7 Q. You've never been told that
8 there's any difference between the features
9 that are available if a practice has the old
02:29 10 CPU versus the features that are available if
11 the practice has the new CPU?

12 A. I don't know the difference in
13 the technical part.

14 Q. No one's ever told you that
15 there's a difference in the product offering
16 between the two, have they?

17 A. No, we've never talked about --
18 I don't know the ins and outs of what they
19 do.

02:29 20 Q. Your job, though, is to, in
21 part, at least, to explain the features that
22 are available to the practices so that they
23 feel engaged with the system and want to
24 retain it, right?

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1 A. Yes.

2 Q. So if there was a certain list
3 of features that were only available to part
4 of the network you would expect to know that,
5 right?

6 A. Yes.

02:30

7 Q. So I think you can understand
8 what I'm trying to ask, and I'm sorry if I'm
9 not being clear, the same features are
10 offered to all the practices in the network?

11 A. Yes, so one CPU couldn't do
12 another, yes. I'm sure they both work
13 equally as opposed to old or new. Just that
14 particular piece of equipment is something we
15 don't use anymore as opposed to the another
16 one we do use.

17 Q. The software is the same, it's
18 the hardware that's different?

19 A. Correct.

02:30

20 Q. And Vida, how often does she put
21 out this list?

22 A. It's only -- as far as I know
23 it's only been put out one time.

24 Q. About when was that?

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1 A. About a year ago.

2 Q. 2013, sometime in early spring
3 or late winter?

4 A. Yes. It may have been available
5 out there before, just that's when I -- I've
6 always e-mailed her and said can we use this
7 one, you know, is this old or new.

02:31

8 Q. So before the list came out you
9 would get in touch with Vida to find out if
10 the practice needed to send back the CPU or
11 not?

12 A. Right. I would just ask her.

13 Q. Sometimes she would say yes, we
14 want that one back; sometimes she would say
15 no, they can keep it if they want?

16 A. Correct.

17 Q. Then you would convey that to
18 the practice?

19 A. Yes.

02:31

20 Q. And at least two or three times
21 a year the practice would keep it?

22 A. Yes.

23 Q. Did any practice ever tell you
24 what they intend to do with it?

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1 A. Most of them said okay, they're
2 fine with it. If they didn't, I would send a
3 tech out to pick it up.

4 Q. But it's really at the whim of
5 the practice, it's whatever they want to do,
6 customer service mentality, let the practice
7 do what it wants?

8 MR. BERNAY: Object to form.
9 You can answer.

02:31 10 A. Yes.

11 MR. BERNAY: After that long
12 pause why don't we take a break?

13 MR. HANKINSON: Was that a long
14 pause? Thank you. A break sounds good.

15 MR. BERNAY: Relative.

16 (Break taken.)

17 Q. You mentioned earlier, you said
18 something like people say Power Point. What
19 did you mean by that?

02:43 20 A. Said sometimes the actual
21 showing reminds them of Power Point.

22 Q. How often have you heard that?

23 A. Just a few times.

24 Q. From whom?

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1 A. Actually from my teammates
2 saying they've heard it before.

3 Q. So a few times a member of your
4 team has indicated that a person from a
5 practice has said that it reminds them of
6 Power Point?

7 A. Yes.

8 Q. And "it" is the healthy advice
9 network system?

02:43 10 A. Yes.

11 Q. And you said that you disagree
12 with that?

13 A. Yes.

14 Q. Give me the reasons that you
15 disagree with that, if you would be kind
16 enough.

17 A. Because some of the -- well,
18 when you look at the programming on Power
19 Point, there's so much you cannot do on that
02:44 20 monitor; when you look at it and see all the
21 different things that it can do there's no
22 way you can do that on a Power Point
23 presentation.

24 Q. So what kind of things?

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1 A. Just -- some of the programming
2 on it is almost interactive, the way it
3 moves, and Power Point is pretty still so
4 it's -- they're just completely opposite.

5 Q. So it's the movement of items on
6 the Healthy Advice screen that's the main
7 difference that you would note between that
8 and Power Point; is that fair?

9 A. Yes.

02:44

10 Q. What other differences do you
11 notice that would cause you to say they're
12 different?

13 A. That and the color saturation.

14 Q. What is color saturation?

15 A. How much there is of -- the
16 different screens, I mean, there's just not
17 one specific color. There's just a lot in
18 each picture.

02:45

19 Q. So the Power Point presentations
20 that you're familiar with have a standard
21 background that is the same throughout the
22 whole presentation?

23 A. What I've seen a long time ago.

24 Q. Sure. And is that what you're

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1 contrasting to the color saturation of the
2 Healthy Advice Networks programming?

3 A. Yes.

4 Q. Are there any other differences
5 that are causing you to say that they are
6 different?

7 A. No. Just those.

8 Q. Okay. If Power Point came out
9 with a new program, like a -- Power Point
02:45 10 3.0, whatever they're up to, and there is the
11 capability to make the background of the
12 slide any color, different per slide, and
13 could be many colors, you could put a photo
14 in the background, you know what I mean?

15 A. Uh-huh.

16 Q. Would that be the kind of color
17 saturation that you're talking about?

18 MR. BERNAY: Object to the form
19 but you can answer.

02:46 20 A. Maybe. I'd have to see it to be
21 able to say that but I would just have to
22 compare the two.

23 Q. It's the kind of thing that
24 would be similar, maybe Healthy Advice would

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1 be slightly more or better, but it's the kind
2 of color saturation that you're talking
3 about?

4 A. Yes. Just some of the pictures
5 I've seen the other day, I just can't compare
6 the two.

7 Q. But if you could put a photo,
8 any photo you want, on a Power Point slide in
9 this new Power Point, then it would be the
10 same?

11 A. No.

12 Q. So what would the difference be?

13 A. They're just -- some of it's
14 interactive and, I don't know, I'd have to --
15 I haven't seen Power Point recently where
16 it's interactive.

17 Q. So that refers to the
18 interactivity, which you mentioned two
19 things. One is the interactivity and one is
20 the color saturation, and those are the two
21 differences that you told me about. So
22 setting aside the interactivity and just
23 talking about color saturation, if you could
24 put any photo you want, any color combination

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1 of colors on a Power Point slide, if you
2 could have every slide be different in that
3 regard, or five slides with the same sort of
4 very vivid, you know, high definition photo
5 and then five with a -- like a cartoon figure
6 in the background and, you know, anything
7 that you wanted, then it would be similar?

8 MR. BERNAY: Object to the form.
9 You can answer.

02:47 10 Q. Is that correct?

11 A. I guess so.

12 Q. On the color saturation side?

13 A. Yes.

14 Q. And then on interactivity, kind
15 of the same issue. If we came out with a new
16 form of Power Point that would like, for
17 instance, you could have one word on and then
18 a different word would kind of seem like it
19 was coming from the side and it would knock
02:48 20 into the first word and maybe that would
21 bounce a little bit then they would settle
22 down, and then like a figure of a guy with an
23 idea light bulb over his head would come in
24 from the side, then the light bulb would

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1 light up, if you could do that would that be
2 interactivity, in your mind?

3 MR. BERNAY: Objection. You can
4 answer.

5 A. I guess, yes.

6 Q. And that's the type of
7 interactivity that you're saying sets Healthy
8 Advice Networks's systems apart from Power
9 Point's capabilities?

02:48 10 A. Yes.

11 Q. Have you ever encountered
12 practices who say that they received money
13 from a network provider, a competitor of
14 PatientPoint?

15 A. Gift cards; I've heard them get
16 gift cards.

17 Q. What competitors have offered
18 gift cards?

19 A. RHN, ContextMedia.

02:49 20 Q. RHN, being a network that
21 ContextMedia puts out, or two different
22 things?

23 A. I believe one in the same.

24 Q. You believe they're the same?

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1 A. One in the same, yes.

2 Q. So are you aware of any other
3 competitors that have offered gift cards?

4 A. No.

5 Q. What about money for, like,
6 reimbursement for internet monthly fees?
7 Have you heard of a competitor offering that
8 to a practice?

02:50

9 A. I did hear one of my other
10 teammates mention three months free of
11 internet.

12 Q. Just once?

13 A. Uh-huh.

14 Q. Do you know what competitor that
15 referred to?

16 A. It was ContextMedia.

17 Q. Have you ever heard of Accent
18 Health offering any money or internet
19 reimbursement?

02:50

20 A. I haven't, no.

21 Q. Do you think it's an important
22 factor to the practice decisionmaker if
23 they're being offered a gift card or a
24 reimbursement for some sort of expense that

Joyce Lawrence, 3/19/2014

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1 they have in deciding between two competing
2 systems?

3 MR. BERNAY: Object to the form.
4 You can answer.

5 A. Do I think it's important?

6 Q. Yes.

7 A. Yes; yes and no. I mean, it's a
8 nice incentive but I don't think they should
9 make it their only incentive. It shouldn't
10 make up their minds.

11 Q. It shouldn't?

12 A. I don't think it should make up
13 their minds, but that's just my thinking.

14 Q. But sometimes it does?

15 A. It does.

16 Q. You encountered that where,
17 because of that gift card being offered,
18 that's it, that's the -- that's why the
19 practice is going to switch and there's no
20 changing their minds?

21 A. True, yes.

22 Q. Would you agree, though, that
23 the number one reason that practices switch
24 from one network to the other is the content

Joyce Lawrence, 3/19/2014

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1 on the screens?

2 A. I don't know because I have
3 never seen ContextMedia's content so I can't
4 tell you. They've never told me. A lot of
5 times -- well, I don't know. They did say
6 they wanted a change.

7 Q. They, meaning the practice?

8 A. The practice said they wanted a
9 change.

02:52 10 Q. And are you referring to a
11 specific conversation?

12 A. Well, when they've called me and
13 want to cancel I ask them why, they say well,
14 we wanted something new and need a change.
15 Sometimes they'll say we might call back and
16 switch but they want to try something new.

17 Q. New in terms of the content that
18 plays?

19 A. Maybe just the new -- they may
02:53 20 be referring to that or just a new provider.

21 Q. So there's a certain amount of
22 churn that's just generated by people wanting
23 to try new things, see if there's something
24 better, if the grass is greener; is that what

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1 you're saying?

2 A. Yes.

3 Q. And a certain part of the
4 practices that switch from PatientPoint or
5 Healthy Advice to ContextMedia or Accent
6 Health would be due to circumstances beyond
7 anybody's control where they've had one
8 system for a while and they want to try one
9 that's new?

02:53 10 MR. BERNAY: Object to the form.
11 You can answer.

12 Q. Would you agree with that?

13 A. I guess.

14 Q. So yes?

15 A. Yes.

16 Q. I guessed that you would based
17 on what you said.

18 A. Yes.

02:54 19 Q. Have you encountered practices
20 who wanted a news ticker?

21 A. Yes.

22 Q. Have you encountered practices
23 who switched to ContextMedia because they
24 wanted a news ticker?

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1 A. No.

2 Q. To a different competitor?

3 A. I don't think they've said that
4 that was the only reason but -- I can't
5 recall if that was the only reason but I have
6 -- I have heard people mention that they do
7 like that news ticker, or the doctor likes
8 that.

02:55

9 Q. The news ticker on
10 ContextMedia's network?

11 A. Uh-huh. Yes.

12 Q. So you can't remember if that
13 was the sole reason they switched or if that
14 was one factor among a couple of factors, or
15 a few, for the switch?

16 A. Yes, correct.

17 Q. If you -- you have a database
18 called a CMS?

19 A. Yes.

02:55

20 Q. That's where you input
21 information that you get from your calls and
22 e-mails with practices?

23 A. Correct.

24 Q. If you're aware of a reason for

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1 a practice switching is it a policy or a
2 procedure that's part of your job for you to
3 put that reason into the CMS system?

4 A. Correct. Yes.

5 Q. Have you been instructed to do
6 that?

7 A. Yes. Notate each account.

8 Q. Have you been instructed to
9 notate each account with every reason that
10 the practice gives you for a switch?

02:56

11 A. Yes.

12 Q. You're not supposed to leave any
13 out?

14 A. Try not to. Try to put
15 everything in there.

16 Q. What did you call, notate -- I
17 know I repeated it but now I forget -- notate
18 the account?

19 A. Right. Yes.

02:56

20 Q. Is that what you -- is that the
21 term for entering information into the CMS
22 database with respect to a particular
23 practice?

24 A. Yes.

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1 Q. So the account is the practice?

2 A. Correct. Yes.

3 Q. And the notate is kind of
4 entering text into a computer?

5 A. Yes.

6 Q. Do you notate the account at the
7 time of the call or shortly after it?

8 A. At the time of the call.

9 Q. Right at the time of the call?

02:57 10 A. Yes. Yes.

11 Q. Within seconds, within minutes?

12 A. Within minutes of the call.

13 Q. When you still remember and it's
14 fresh in your mind?

15 A. Yes.

16 Q. And is the policy and procedure
17 in your -- of your team to do that?

18 A. Yes. Usually while we're
19 scheduling; if we're scheduling the removal

02:57 20 or while we're talking to them.

21 Q. Did you say while or why?

22 A. While, while we're talking to
23 them.

24 Q. It's the policy or the

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1 procedure -- is it a policy or a procedure?

2 A. It's a procedure.

3 Q. It's a procedure?

4 A. Yeah.

5 Q. You've been instructed by your
6 supervisors to do it?

7 A. Right. Yeah. Correct.

8 Q. And is there training about how
9 to do it?

02:57 10 A. Yes.

11 Q. This is the information you
12 should ask for, this is how we want it
13 entered into CMS?

14 A. Yes.

15 Q. So those are the types of things
16 that your supervisors have instructed you
17 about?

18 A. Correct.

19 Q. About how often do they instruct
02:58 20 you about that?

21 A. We have a -- well, once a year
22 we get a training.

23 Q. Has it been pretty much the same
24 training on the CMS account notations since

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1 you started in 2010 or does it change?

2 A. It's about -- well, every day we
3 know we have to notate the account. It's
4 just the only way you're going to know
5 something. I'd say every six months we're
6 reminded don't forget to notate the account.

7 Q. During your call or within
8 seconds after?

9 A. Correct, yes.

02:58 10 Q. Is it against the rules to put
11 things in CMS that are false?

12 A. Yes.

13 Q. Is it against the rules to leave
14 things out of CMS when the practice is
15 telling you that that's the reason that they
16 switched to a competitor?

17 MR. BERNAY: Object to the form.
18 You can answer.

19 A. Yes.

02:59 20 Q. And is it a rule that you're
21 supposed to inquire in every case where a
22 practice wants to switch to a competitor who
23 the competitor is and why the practice is
24 switching?

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1 A. Yes, we do want to put that in
2 there. We do ask. If they don't tell us
3 then we just put whatever, whatever they tell
4 us, put whatever we -- whatever they tell us
5 to the best of our knowledge to what they're
6 telling us, we try to put as much in as
7 they're telling us. If we don't have all the
8 information then that's what we -- we have to
9 put a work order request in to cancel then we
02:59 10 send that to Amy. Sometimes she doesn't --
11 she's not happy if we don't know who the
12 competitor is but that's what we have to send
13 her.

14 Q. Amy Finley?

15 A. Amy Finley.

16 Q. Is there any written document
17 for the training or the instructions about
18 entering or notating accounts?

19 A. Yes.

03:00 20 Q. What form is that?

21 A. We have a book that -- it's a
22 manual that we go by.

23 Q. And how often is that manual put
24 out?

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1 A. It's -- well, it's our manual
2 that we get as we start from day one and
3 periodically it's updated. Don't know
4 exactly how often but there's always updates
5 when anything new is changed.

6 Q. Is it separate from the HR type
7 employment manual, it's something specific
8 for your team?

03:00

9 A. It's -- well, when a new person
10 starts you get a book that has your -- your
11 criteria that you start with and then that
12 book you keep at your desk and you refer back
13 to as you're putting in orders or creating
14 something.

15 Q. Do you know what I mean by like
16 an employee manual?

17 A. Yes, and that's separate from --

18 Q. Okay. This is more of a
19 training or an instructions manual?

03:01

20 A. Uh-huh. Yes.

21 Q. And is it specific to customer
22 relationship management?

23 A. Yes.

24 Q. Just your team?

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1 A. Yes.

2 Q. How big is it? How many pages?

3 A. I'd say it's about 50 to 75
4 pages.

5 Q. Do you get it in printout or do
6 they e-mail it to you?

7 A. It's printed.

8 Q. Is it like a binder?

9 A. Yes.

03:01 10 Q. I like binders. Is it in color?

11 A. Each -- we have three binders
12 and they're different colors.

13 Q. Okay. What are the three
14 binders?

15 A. One is for exam room program,
16 one is the monitor program and then the other
17 one is just your -- the company, all about
18 the company program.

19 Q. All about PatientPoint?

03:02 20 A. PatientPoint, yes.

21 Q. And the monitor program you're
22 talking about, the PCN, ACN, the care
23 networks where the content is put into the
24 waiting rooms of practices?

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1 A. Yes.

2 Q. So what color is that binder?

3 A. Orange.

4 Q. Do you call it the orange
5 binder?

6 A. No, I call it the WRN binder.

7 Q. The WRN binder?

8 A. Waiting Room Network.

9 Q. Waiting Room Network. Very
03:02 10 good.

11 A. It encompasses all of it.

12 Q. Are there sample scripts in
13 there for phone calls?

14 A. Yeah, yes.

15 Q. And are some of those sample
16 scripts related to calls where a practice
17 says they want to terminate?

18 A. More so if they want the service
19 and we can't fulfill it. Sometimes we aren't
03:02 20 in every area to expand or we're overexpanded
21 and we don't have enough monitors. There's a
22 little script in there to let them know we'll
23 put them on a waiting list.

24 Q. So there's --

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1 A. There's a script for that.

2 Q. There's more demand for
3 PatientPoint's network services than
4 PatientPoint is able to meet?

5 A. Correct.

6 Q. And is that across all networks
7 or particular to one or two networks?

8 A. There might be one or two
9 networks we can't expand in.

03:03 10 Q. Which ones?

11 A. They change from time to time.

12 Q. How do you find out when any
13 particular network is too full?

14 A. We're updated from month to
15 month or maybe every three months it might
16 change. They just kind of send a list out.

17 Q. And is that countrywide or are
18 there regions where you're not going to
19 expand?

03:03 20 A. Countrywide.

21 Q. So each month there's a list no
22 more PCN but we can still add screens to the
23 other four, then the next month it might be
24 we're full of ACN but we can still add

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1 screens to the other ones?

2 A. It changes about every three
3 months.

4 Q. Every three months. Have there
5 been times since 2010 when you started that
6 PCN was oversubscribed?

7 A. Yes.

8 Q. Have there been times since you
9 started in 2010 when ACN was oversubscribed?

03:04 10 A. No.

11 Q. ACN, is that Arthritis Care
12 Network?

13 A. Yes.

14 Q. Have there been times since 2010
15 when CCN has been oversubscribed?

16 A. Yes.

17 Q. Do you have any sense for how
18 often PCN or CCN have been oversubscribed or
19 full?

03:04 20 A. No, I don't know how long or how
21 often.

22 Q. Do you have any sense for the
23 numbers of practices that have had to be put
24 on a wait list or turned away?

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1 A. No, because we don't see that
2 end of it.

3 Q. It would be in CMS if a practice
4 was turned away?

5 A. I don't get to see that if it
6 is. I don't see the numbers or anything.

7 Q. But you input it into CMS?

8 A. Yes.

9 Q. And there's a script for how to
03:05 10 deal with that situation in the WRN binder?

11 A. Yes, and after a while we just
12 kind of let them know, we send the
13 information out there and that they're
14 interested in the service, just kind of --
15 and when someone does -- someone new does
16 call in we do -- we have a gentleman that we
17 send that new information to and he kind of
18 will kind of put it in there and he might
19 know a little bit better than we do if
03:05 20 something more is available. If there is a
21 new practice that we are expanding in we send
22 it to this gentleman and he'll kind of let
23 them know if there's something available,
24 he'll send it to the sales rep and get things

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1 going.

2 Q. Do you know what the limiting
3 factor is? Like you just run out of
4 monitors?

5 A. Well, just depends on, I
6 guess -- it depends on, I guess, the area,
7 the sales team, the sales reps in that area.

8 Q. Geographically?

9 A. Uh-huh.

03:06 10 Q. I don't get it. I'm sorry. The
11 sales reps have, like, quotas that they're
12 not allowed to go beyond?

13 A. Because I deal with Colorado
14 sometimes there's not reps in that area in
15 some of the districts, some of the outlying
16 areas, and sometimes they don't have somebody
17 to go in that area to even offer that
18 information, offer the program to them so
19 they don't have anybody to even report to
03:06 20 them to say, hey, I can show you the program
21 and this is what we have, so they don't have
22 anybody to even sell it to them.

23 Q. So a lack of an available sales
24 rep would be a total bar to putting a network

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1 into a new waiting room?

2 A. Right.

3 Q. Do sales reps act on behalf of
4 all the networks or only particular networks?

5 A. They work on all the networks.

6 Q. Within a particular geographical
7 region?

8 A. Uh-huh. Yes.

9 Q. So even though ACN, to your
03:07 10 memory, hasn't appeared on the list of
11 oversubscribed networks there are certain
12 areas where sales reps may not be available
13 to put in new systems?

14 A. Correct.

15 Q. And that would be an independent
16 reason that, even though somebody wants a
17 screen up, PatientPoint would just not be
18 able to provide the screen?

19 A. If they weren't in that
03:08 20 geographical area there's not somebody to
21 offer it.

22 Q. Then the answer to my question
23 would be yes?

24 A. Yes.

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1 Q. So when I asked whether, in the
2 WRN binder, there was a script about how to
3 deal with somebody who called to terminate,
4 you said more so turning people away, but are
5 there scripts that deal with termination
6 calls?

7 A. I would -- well, I'm trying to
8 think if I even -- yes, because we do -- I
9 would say yes. I just have it in my mind to
03:09 10 always ask the main things as why, what can
11 we do to show you the value of our product
12 and what can we do to keep you.

13 Q. Those are the main questions to
14 ask?

15 A. Uh-huh.

16 Q. You're having trouble
17 remembering if that's in the book, in
18 particular?

19 A. Yeah, because I don't flip it
03:09 20 over to even look. We do, yes, I mean, there
21 is a little tab I have that says save but I
22 just know those are the questions that I have
23 that I actually have a little thing on my --
24 my wall that I stuck up there to say these

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1 are my questions I like to ask, but I
2 actually don't flip open my book to look for
3 that but, yes, there is an article in there.

4 Q. Did you say an article?

5 A. There is a script.

6 Q. Are there other instructions
7 about that situation aside from a sample
8 script?

9 A. Yes.

03:09 10 Q. What kind of other instructions?

11 A. If we're not able to save them,
12 the next step is what to do, how to go about
13 scheduling removal and how to get the
14 equipment back, how many days to schedule it
15 out.

16 Q. And does it say to always
17 schedule it close to the end of the 30 days?

18 A. Twenty-eight to 30; no longer
19 than 30 days.

03:10 20 Q. But no sooner than 28 days?

21 A. Whatever is going to work for
22 the site, make sure it's -- but it is in the
23 agreement to have it out within 30 days.

24 Q. So if PatientPoint did not

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1 de-install a system within 30 days after
2 being notified to do so it would not be
3 complying with what it tells the practices it
4 will do?

5 A. True. Yes.

6 Q. And is there an instruction that
7 if the practice is okay with it to make the
8 installation 28 to 30 days out specifically?

03:11

9 A. I don't believe it states
10 exactly like that.

11 Q. Well, you said 28 to 30 days.
12 I'm just wondering where that came from.

13 A. I like to try to make sure in
14 case the technician is late or something or
15 misses the call, if we shoot for 28 it gives
16 a day. If he misses that 28th day and he
17 says I'm stuck in traffic, not going to make
18 it, something terrible happens, he can make
19 it the next day, at least we're still going
20 to be out within that 30 days.

03:11

21 Q. But why not next week?

22 A. Well, again, we like to shoot
23 for -- well, we have to do our 30 day
24 agreement because that's what's in the

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1 enrollment agreement and we like to be able
2 to make sure we have a technician going to be
3 in that area and we have other technicians
4 that are installing and we just want to be
5 able to make sure that they have a technician
6 that's going to be able to do that.

7 Q. Have you dealt with practices
8 who have connectivity issues with a network?

9 A. We have had.

03:12 10 Q. Meaning that their screens go
11 blank periodically and they're annoyed with
12 it?

13 A. We have had that. It used to be
14 more prevalent when I first started.

15 Q. About when?

16 A. In 2010 when we were hooked up
17 to the fax line, but now it's not so much an
18 issue.

19 Q. And when did that change?

03:12 20 A. We connect with the internet.

21 Q. And when was that change made?

22 A. It was a progression since 2010
23 'til now.

24 Q. More and more people or, excuse

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1 me, new installations were made internet
2 connective sometime after 2010?

3 A. And we actually went out and
4 upgraded a lot of offices to internet
5 connection.

6 Q. When did that process start?

7 A. About 2011 and on, 2012.

8 Q. So before -- wait, 2011 and on?

9 A. Uh-huh.

03:13 10 Q. You said 2012. Did you just
11 mean including 2012?

12 A. Well, right, 2011 and on up.

13 Q. Beginning of 2011?

14 A. Somewhere in the middle.

15 Q. Somewhere in the middle of 2011
16 new initiative started -- let me start over.

17 Somewhere around the middle of 2011 a new
18 initiative started to make new installations
19 connect via the internet instead of fax and
03:13 20 also replace some of the existing practices,
21 fax connections with new internet
22 connections?

23 A. Correct.

24 Q. Before the middle of 2011 it was

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1 all fax connective?

2 A. Yes.

3 Q. And that was the period during
4 which there were more reported connectivity
5 issues; is that correct?

6 A. Yes.

7 Q. Is it hard to save a practice
8 when it has experienced connectivity issues?

9 A. It's harder to save.

03:14

10 Q. So if you're saving a practice
11 that wants to cancel one or two times out of
12 10, in general, are you saving a practice
13 with connectivity issues something on the
14 order of one out of 50 or a hundred times?

15 A. You mean out of those, say, 50 I
16 can save one, is that what you mean?

17 Q. Yeah.

18 A. Probably, yeah. It's hard to
19 save them when there are connectivity issues.

03:15

20 Q. It's an overriding issue if the
21 practice experiences a problem where the
22 screen goes dark, it's just -- almost never
23 will they stay with PatientPoint during that
24 time period; is that correct?

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1 MR. BERNAY: Object to the form.

2 You can answer.

3 A. I wouldn't say never. I mean,
4 they may give us another chance. It's
5 possible to save them.

6 Q. But that one reason is enough
7 for 49 out of 50 who want to cancel for that
8 reason; is that correct?

9 MR. BERNAY: Object to the form.

03:15 10 You can answer.

11 A. Correct.

12 Q. You can't save a practice with
13 great content if the screen is dark a lot,
14 right?

15 A. True, yes.

16 Q. And so in the 2010 to early 2011
17 time period, when all the connectivity was
18 through faxes, if practices were switching to
19 ContextMedia and those practices had had
03:16 20 connectivity issues, almost all the time
21 PatientPoint was going to lose that practice
22 anyway and it just depends whether the
23 practice goes to television, nothing or
24 another competitor; would that be accurate?

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1 MR. BERNAY: Objection. Form.

2 You can answer.

3 A. They may or may not have decided
4 to switch because of that.

5 Q. If they've decided to switch and
6 they report that connectivity issues were the
7 reason, it would be very difficult to save
8 that practice, right?

9 A. Yes.

03:17 10 Q. Because of the connectivity
11 issues?

12 A. If that's what they've reported,
13 yes.

14 Q. And so that practice, except
15 for, you know, the rare one that could be
16 saved, were going to cancel PatientPoint
17 anyway, there's nothing you could do about
18 it, right?

19 A. I'd say yes.

03:17 20 Q. And then whether the practice
21 goes to television, ContextMedia, Accent
22 Health, Health Monitor, that's a separate
23 issue of, you know, somebody who's offering
24 something, or if they want cable TV they're

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1 going to go to something or nothing, that's a
2 separate issue from cancelling due to the
3 connectivity issues, right?

4 A. Yes.

5 Q. Have you encountered practices
6 where the doctors just did not like some of
7 the content that Healthy Advice had up on its
8 screens?

03:18

9 A. Maybe once or twice. Not too
10 often. Maybe they didn't like advertising.
11 We offer a disclaimer for that but it hasn't
12 been a regular thing, just a -- maybe two or
13 three times at the most since I've been here
14 and once or twice I did save them by giving
15 them the little disclaimer and putting up
16 disclaimers and then the person at the front
17 desk was able to say this is okay, the doctor
18 is all right now.

03:18

19 Q. The content that you've seen in
20 your meeting room from the primary care
21 network, does it include live video, like
22 live action video?

23 A. No. It's still the -- it's not
24 really -- it's not like a TV per se.

Joyce Lawrence, 3/19/2014

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1 Q. There's not actual people
2 walking around talking captured in video,
3 right?

4 A. Right.

5 Q. Have you encountered -- and
6 that's been the same since 2010, right?

7 A. Right.

03:19

8 Q. Have you encountered practices
9 who have given the feedback that they prefer
10 video to the content that Healthy Advice or
11 PatientPoint is providing to them?

12 A. Yes.

13 Q. And when you get that feedback
14 there's no video option to give them from a
15 PatientPoint network, correct?

16 A. Correct.

17 Q. So there's not a lot that you
18 can do to save that practice either, right?

19 A. Correct.

03:20

20 Q. If a practice wants video then
21 that alone would be a sufficient reason for
22 them to switch to a competitor or to
23 television, right?

24 A. Yes.

Joyce Lawrence, 3/19/2014

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1 Q. And if they don't give you
2 another reason you would assume that that's
3 the reason that they're switching, right?

4 A. Yes.

5 Q. Have you encountered practices
6 -- PatientPoint Network's content doesn't
7 have much sound, right?

8 A. It didn't back in 2010. It does
9 now.

03:20 10 Q. I've heard it described as
11 virtually silent. Has that changed?

12 A. Uh-huh. Yes.

13 Q. When did that change?

14 A. In the past year.

15 Q. In 2014?

16 A. And '13; 2013 to '14.

17 Q. So how much sound is there now?

18 A. It's over 50 percent. I'd say
19 60 percent sound now.

03:21 20 Q. People talking?

21 A. Uh-huh. Yes.

22 Q. Music?

23 A. No music but talking.

24 Q. Are people shown on the screen

Joyce Lawrence, 3/19/2014

90

1 when they're talking?

2 A. Yes. Well, the segments.

3 Q. Photos of them?

4 A. Yes.

5 Q. Not videos of them?

6 A. No, not video. Lot of the
7 segments have them.

8 Q. Was the sound added because
9 feedback came from your team that practices
03:21 10 like sound and engaged the patients more?

11 A. Yes.

12 Q. That was important enough to the
13 practices that sometimes they would switch to
14 a competitor that had sound just for that
15 reason, right?

16 A. Yes.

17 Q. And if a practice representative
18 told you that the reason they are switching
19 to a competitor was because they wanted sound
03:22 20 and they didn't give you any other reason,
21 then you would conclude that that was the
22 sole reason that they were switching, right?

23 A. Yes.

24 Q. And when you were in that

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1 situation prior to midway through 2013, when
2 the sound was ramped up to about 50 percent
3 on PatientPoint's network, there wasn't much
4 you could do, correct?

5 A. Correct.

6 Q. But then this feature was added
7 in order to more effectively compete, right?

8 A. Yes.

9 Q. PatientPoint ramped up their
03:22 10 content so about half of it had sound and
11 since that time PatientPoint's been able to
12 compete more effectively with competitors
13 that have sound, right?

14 A. Yes.

15 Q. And have you found it more easy
16 to deal with practices who want sound since
17 that time?

18 A. Yes.

19 Q. Has that come up with
03:22 20 competitors -- with practices who want to
21 switch to ContextMedia?

22 A. I haven't come --

23 MR. BERNAY: Object to the form
24 -- I'm sorry -- object to the form. You can

Joyce Lawrence, 3/19/2014

92

1 answer.

2 A. I haven't come up with that yet.
3 Haven't dealt with it.

4 Q. Since the change in 2013?

5 MR. BERNAY: Same objection.
6 You can answer.

7 A. Correct.

8 Q. Did you say correct?

9 A. Correct.

03:23 10 Q. Prior to the change in 2013
11 where PatientPoint added more sound you did
12 deal with people, practices who wanted to
13 switch to the ContextMedia because it had
14 sound, right?

15 A. Not so much ContextMedia. I had
16 actually dealt with it with Accent Health.

17 Q. Accent Health had sound --

18 A. Sound.

19 Q. -- in its content?

03:23 20 A. Yes.

21 Q. And it was a driving factor for
22 customers to change, practices to change to
23 Accent Health?

24 A. Yes.

Joyce Lawrence, 3/19/2014

93

1 Q. Have you encountered practices
2 who gave you feedback about the size and
3 quality of the hardware, the monitors?

4 A. For PatientPoint's monitor?

5 Q. Yes.

6 A. I have, yes, on occasion and
7 offered upgrades to a larger monitor.

8 Q. So PatientPoint's monitors used
9 to all be 19 inches?

03:24 10 A. They did, yes.

11 Q. Then at some point they offered
12 -- what's the new size?

13 A. There's 26 and 32.

14 Q. When did they start offering
15 those?

16 A. Gosh, well, since -- when I --
17 19 was well before I started. When I started
18 it was 27 -- 27 inch was popular and 32, and
19 then 26 came on board, gosh, I guess about
03:25 20 2012, and now 2012, 2013 26 and 32 is now all
21 we do offer.

22 Q. No more 27?

23 A. Correct.

24 Q. Have you encountered practices

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1 who were offered a larger screen or a better
2 screen by a competitor?

3 A. I haven't heard. Not that I
4 know of.

5 Q. Have you encountered practices
6 that have any other problem with the
7 hardware, that it's obtrusive or heavy or in
8 the way or anything like that?

9 A. No.

03:25 10 Q. Have you encountered practices
11 who say it's important that they have some
12 ability to customize the content?

13 A. I've had a few that like that,
14 to be able to customize it.

15 Q. I think we were saying earlier
16 that putting in the custom messages is really
17 important, right?

18 A. Yes.

03:26 19 Q. That's a big part of what you do
20 to kind of retain practices is engage them
21 with the custom messages?

22 A. Yes.

23 Q. So when I say have you
24 encountered any where customization is

Joyce Lawrence, 3/19/2014

95

1 important, are you thinking of customizing
2 the other segments when you say it's only a
3 few?

4 MR. BERNAY: Object to the form.
5 You can answer.

6 A. You mean --

7 Q. The confusion is probably mine.
8 So I'm asking have you encountered practices
9 to whom it's important to be able to

03:26 10 customize the message, and you said a few and
11 I just --

12 A. You mean if they were wanting
13 to -- I was thinking if they were wanting to
14 cancel and didn't know about the
15 customization or --

16 Q. I see.

17 A. But usually when -- if somebody
18 were calling to cancel I always bring that
19 up, but I'm kind of confused, too.

03:27 20 Q. So only a few times have
21 people -- have practices given you the
22 feedback that I'm switching because you can't
23 customize my network and a competitor can;
24 that's happened sometimes but rarely?

Joyce Lawrence, 3/19/2014

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1 A. Yeah. It doesn't happen too
2 often.

3 Q. Because you can customize?

4 A. Yes, you can. Yes.

5 Q. So if that happened you'd say
6 well, actually, you can customize. Let me
7 explain how.

8 A. Yes.

03:27 9 Q. And that's something that -- you
10 say you contact a hundred customers in a
11 given week. About how many of those have to
12 do with putting in custom messages?

13 A. Gosh, over 60 of them --

14 Q. Over -- okay. So over time more
15 than half of the e-mails and calls that you
16 have with customers have to do with
17 customized messages?

18 A. Yes.

03:28 19 Q. Do you think that's an important
20 tool in retaining those practices as members
21 of the PatientPoint network?

22 A. Yes.

23 Q. And that's why you focus on that
24 so much?

Joyce Lawrence, 3/19/2014

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1 A. Yes.

2 Q. It's a nice feature?

3 A. It is.

4 Q. If you didn't have it you would
5 then expect that some portion of those would
6 be less interested in PatientPoint's network?

7 A. Yes.

8 Q. And some portion of them would
9 cancel because of it?

03:28 10 A. Yes.

11 Q. Do you think customer service is
12 important to retaining members of
13 PatientPoint's networks?

14 A. Yes.

15 Q. Do you think that -- have you
16 encountered practices that switch because of
17 poor customer service?

18 A. Yes.

03:29 19 Q. Have you encountered practices
20 where that was the only reason for the
21 switch?

22 A. I haven't encountered any
23 because of that.

24 Q. So it's just one part of the

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1 feedback that they give is they didn't like
2 the customer service they received? You said
3 sometimes you get feedback about poor
4 customer service, right? What am I saying
5 wrong? I'm sorry.

6 A. I think it's most -- it's very
7 important. I haven't received any bad
8 feedback on it but I think that's most
9 important. I haven't had anybody cancel
03:29 10 because they have had bad feedback from
11 another competitor or anything, but I feel
12 like that's the most important thing for
13 anyone to stay with us.

14 Q. They're not cancelling because
15 you give good customer service?

16 A. Correct.

17 Q. That's why it doesn't come up?

18 A. Correct.

19 Q. Now I understand why you're
03:30 20 confused. So you've received feedback from
21 customers that they like your customer
22 service?

23 A. Correct.

24 Q. The PatientPoint's customer

Joyce Lawrence, 3/19/2014

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1 service?

2 A. Yes.

3 Q. And you said that that's one of
4 the most important things in terms of
5 retaining practices in a network?

6 A. Yes.

7 Q. And then you're in customer
8 relationship management so you're dealing
9 with people who have already signed up,
03:30 10 correct?

11 A. Yes.

12 Q. There's another team that is
13 made up of sales representatives, right?

14 A. Yes.

15 Q. And they are important to
16 recruiting practices who have not been in a
17 PatientPoint network before, correct?

18 A. Yes.

19 Q. And competitors also have teams
03:31 20 of sales reps, right?

21 A. Yes.

22 Q. And whether a practice comes
23 into PatientPoint's network or whether a
24 practice goes to a competitor's network would

Joyce Lawrence, 3/19/2014

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1 also presumably have something to do with
2 those sales reps, right --

3 A. Yes.

4 Q. -- what the sales reps are
5 saying and doing?

6 A. Yes.

7 Q. So one factor with a new
8 practice why they might come into
9 PatientPoint's network or go with a

03:31 10 competitor's network would be the quality of
11 those sales reps and what they say and do,
12 right?

13 A. Yes.

14 Q. Otherwise, they wouldn't be
15 adding any value because you'd have your
16 product and sells itself, right?

17 A. Correct.

03:31 18 Q. So there's some portion of a
19 practice's decision makings that are based on
20 all the other factors that we talked about
21 that are great for PatientPoint or maybe
22 where it struggled in the past or may
23 continue to struggle, then sales reps is
24 another factor and these are all part of a

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1 decision making process, potentially?

2 A. Yes.

3 Q. And, as we've been going through

4 them, you've sort of described that this is

5 what I think is the most important customer

6 service, this I think is -- you know, this

7 has only come up a little bit. This is one

8 of the more important factors. I think what

9 I'd like to do is go back through the list

03:32 10 and try to just get a gauge of how important

11 each one is based on your experience. So I

12 like numbers, I think we've already done like

13 a one out of 10 kind of thing.

14 A. Okay.

15 Q. Let's do one out of a hundred.

16 A. Okay.

17 Q. And first I'm going to list all

18 the things that I -- that we just talked

19 about as factors so that you kind of have

03:32 20 them in your mind, and if you want to write

21 them down you can, and then I'm just going to

22 go through and say how important is that one

23 out of a hundred --

24 A. Okay.

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Joyce Lawrence, 3/19/2014

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1 Q. -- based on your four years of a
2 hundred calls a week. You understand what
3 I'm saying?

4 A. Okay.

5 Q. And you don't have to make them
6 add up to a hundred. You know, if they're
7 all 80, they're all 80, you know what I mean?

8 A. Okay.

9 Q. But, you know, 10, 25, 72,
03:33 10 whatever you want to rate for each one.

11 A. Okay.

12 Q. So the factors that I have are
13 the content that's shown on the screens, the
14 video versus non-video. Remember we talked
15 about that?

16 A. Uh-huh. Yes.

17 Q. The sound versus no sound,
18 connectivity issues. Remember these can be
19 both bad and good --

03:34 20 A. Okay.

21 Q. -- it's just how important is
22 it. It seemed to me like you didn't think
23 that the hardware was a factor?

24 A. No.

Joyce Lawrence, 3/19/2014

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1 Q. Customizability, custom
2 messaging?

3 A. Yes.

4 Q. Customer service and the sales
5 representatives, their activities and words?

6 A. Yes.

7 Q. So are there any other factors
8 that you were thinking of that I left out?

9 A. What about the -- no, that's
10 good.

11 Q. And if you think of one later,
12 let me know.

13 A. Okay.

14 Q. So, one out of a hundred, how
15 important would you rate the content that's
16 shown on the screen?

17 MR. BERNAY: Object to the form
18 of the following questions. I think this is
19 an arbitrary exercise, getting her to answer
20 on a scale. You've already asked her whether
21 this is important or not. I'll let her
22 answer but note my objection for the record.
23 You can answer.

24 A. Content is 95 percent.

Joyce Lawrence, 3/19/2014

104

1 Q. And when you say percent, you
2 mean 95 out of a hundred it's very important?

3 A. Yes.

4 Q. What about having video versus
5 not having video?

6 MR. BERNAY: Just note a
7 continuing objection to this line of
8 questioning.

9 A. Ninety.

03:36 10 Q. Okay. Sound versus no sound?

11 A. Fifty.

12 Q. Connectivity issues?

13 A. One hundred.

14 Q. Customized messaging?

15 A. Ninety.

16 Q. Customer service?

17 A. A hundred.

18 Q. Take pride in your work?

19 A. I do.

03:36 20 Q. And the activities of sales
21 representatives?

22 A. One hundred because if they
23 don't do their job I'm not going to have one.

24 Q. And then I understand that you

Joyce Lawrence, 3/19/2014

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1 don't always rate these things one out of a
2 hundred, but as we were going through you
3 were noting some that were more important and
4 less important, right?

5 A. Yes.

6 Q. Can you think of a better way
7 than rating them one out of a hundred to
8 figure out how much more important or how
9 much less important?

03:37 10 MR. BERNAY: Object to the form.
11 You can answer.

12 A. Well, all along we've always
13 gotten along without sound because people
14 usually can read the segments and now we're
15 introducing sound and you can go either way
16 because if you wanted to have a TV in there
17 you could, so you can still do that. You can
18 turn it down and we can coexist, so that's
19 why I went 50/50 on that.

03:37 20 Q. Because that could or could not
21 make a difference?

22 A. Correct.

23 Q. But the ones that are more up
24 near a hundred are much more likely to make a

Joyce Lawrence, 3/19/2014

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1 complete difference. It's like if you don't
2 have it, it's not going to work; if you do
3 have it, that's awesome?

4 A. Right.

5 Q. Can you think of a better way to
6 convey that than numbering out of a hundred?

7 MR. BERNAY: Objection.

8 Q. I'm willing to kind of go
9 through the list again in a different way, if
10 you like.

11 MR. BERNAY: Same objection.
12 You can answer.

13 A. Do you mean like one of the
14 other ones? The one I didn't go a hundred
15 on?

16 Q. No, no. I just mean if you want
17 to go through the whole list and compare them
18 in a different way I could. This was kind of
19 the best way that I could think of to gauge
20 their relative importance. We could give
21 them rotten tomatoes. I'm happy with this
22 but I wanted to ask you if there's a
23 different way in your mind that you rate the
24 relative importance of these various factors.

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Joyce Lawrence, 3/19/2014

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1 A. Customer service, I think, is,
2 of course, number one. I mean, that's --

3 Q. So you want to maybe rank them?

4 A. One, two, three, four, like
5 that?

6 Q. You want to? Do you think that
7 would be a better way, just a different way?

8 A. I mean, they're all important to
9 the -- in order to have a good company to
03:39 10 make everything work.

11 Q. If you were ranking them, then
12 the ones that, you know, had -- you gave the
13 highest score out of a hundred would be at
14 the top of the list and then there would be
15 some that are tied if you gave them the same
16 number and you kind of marched down the list,
17 right?

18 A. Yes.

19 Q. Okay. Let me know if you think
03:39 20 of a different way to kind of get at which
21 ones are more important and less important if
22 you think of one later. Okay?

23 A. Okay.

24 Q. I'm going to hand you what we're

Joyce Lawrence, 3/19/2014

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1 going to mark as Exhibit 30.

2 (Exhibit 30 was marked.)

3 Q. Is this an e-mail from you to
4 Lori Smith dated March 10, 2011?

5 A. Yes.

6 Q. The information that's in the
7 bottom of the e-mail, is that a CMS entry?

8 MR. BERNAY: Take your time to
9 review the e-mail.

03:40 10 A. I'm sorry, what was your
11 question?

12 Q. Is this an e-mail from you to
13 Lori Smith dated March 10th, 2011?

14 A. Yes.

15 Q. And, I'm sorry, that wasn't my
16 last question. My last question was is that
17 information at the bottom of the e-mail a CMS
18 entry?

19 A. Yes.

03:41 20 Q. Do you make an entry like this
21 each time that you have a call or an e-mail
22 with a practice?

23 A. Yes.

24 Q. Do you make it according to

Joyce Lawrence, 3/19/2014

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1 policies and procedures that are given to you
2 by PatientPoint?

3 A. Yes.

4 Q. And, as you've said previously,
5 you make a CMS entry like this during or very
6 shortly after the call or the e-mail,
7 correct?

8 A. Very shortly after, yes.

03:41 9 Q. At a time when it's very clear
10 in your mind, right?

11 A. Yes.

12 Q. And this type of CMS entry, all
13 CMS entries are made in the ordinary course
14 of your job, correct?

15 A. Yes.

16 Q. And they're kept by the CMS
17 system in the ordinary course of your job,
18 right?

19 A. Yes.

03:42 20 Q. And you have direct knowledge of
21 everything that I've just asked you, right?

22 A. Correct, yes.

23 Q. Which you got through your job?

24 A. Yes.

Joyce Lawrence, 3/19/2014

110

1 Q. I don't mean to be too
2 rudimentary, I'm just running through this
3 list. And is it, the other 10 members of
4 your team and other members of your team who
5 have come and gone since 2010, it's part of
6 their jobs to make entries like this, right?

7 A. Correct.

8 Q. And they also make them in the
9 ordinary course of their jobs, correct?

03:42 10 A. Yes.

11 MR. BERNAY: Object to the form.
12 You can answer.

13 Q. And the CMS entries that they
14 make are also kept in the ordinary course of
15 business, right?

16 A. Yes.

17 MR. BERNAY: Objection. You can
18 answer.

03:42 19 Q. And you have knowledge of all
20 the questions that I just asked you, right,
21 from your job?

22 A. Yes.

23 Q. When a practice representative
24 speaks to you or e-mails you about a

Joyce Lawrence, 3/19/2014

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1 termination, part of your job is asking them
2 what reason in their mind is causing them to
3 switch, right?

4 A. Yes.

5 Q. And then they give you that
6 information, right?

7 A. Yes.

8 Q. Sometimes?

9 A. Correct. Yes.

03:43 10 Q. And if they give it to you, your
11 instructions are to make sure it goes in the
12 CMS entry, correct?

13 A. Yes.

14 Q. And that's notating the account?

15 A. Yes.

16 Q. Do you happen to remember Joani
17 Lesser?

18 A. To this day, no, until reading
19 this e-mail.

03:44 20 Q. But does this jog your memory
21 and you kind of remember her now?

22 A. Yes.

23 Q. So you'd forgotten about her but
24 it's bringing back pleasant memories?

Joyce Lawrence, 3/19/2014

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1 A. It's an okay memory. It's part
2 of the job.

3 Q. Is she related to James Lesser?

4 A. It sounds like it, yes.

5 Q. Do you remember that?

6 A. I don't. I -- just by reading
7 this. I mean, it's been so long.

8 Q. But you do have a memory of
9 speaking with Joani?

03:44 10 A. Yes.

11 Q. Was she a pleasant person?

12 A. Yes, it was a nice practice.
13 Hated to lose them.

14 Q. Do you remember speaking with
15 Joani on multiple occasions then?

16 A. You know, I can't remember. I
17 must have because, you know --

18 Q. You have a general impression of
19 her?

03:44 20 A. Yes.

21 Q. Which must have come from
22 multiple conversations; is that right?

23 A. Yes. Yes.

24 Q. This e-mail that's been marked

Joyce Lawrence, 3/19/2014

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1 as defense Exhibit 30 is a request to cancel,
2 right?

3 A. Yes.

4 Q. Or, excuse me, I said e-mail.
5 This e-mail reflects a phone call that was a
6 request to cancel, right?

7 A. Yes.

8 Q. Do you write this type of e-mail
9 in the ordinary course of your job?

03:45 10 A. Yes.

11 Q. It's a regular practice to put
12 the CMS entry at the bottom of an e-mail and
13 maybe a short comment and send it to somebody
14 who would be interested in it?

15 A. Yes. Like I have scheduled
16 removal for April. This is what's usually
17 going to go to Amy, a reason why and when
18 it's going to be removed.

03:45 19 Q. So there's a regular practice
20 and procedure in your job of sending e-mails
21 like this?

22 A. Yes.

23 Q. And keeping them in the ordinary
24 course?

Joyce Lawrence, 3/19/2014

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1 A. Yes.

2 Q. When Joani called you to cancel
3 did you go through the script about asking
4 why?

5 A. Yes.

6 Q. And did she give you a reason?

7 A. Yes.

8 Q. What was the reason?

9 A. She wanted -- well, her daughter
03:46 10 was an endocrinologist and because of that
11 she found that the other office she was going
12 to go with, competitor, their information was
13 a little more along the line of what dealt
14 with a little more closer than what we had,
15 the product that we had, so it was -- it had
16 more information that dealt with what they
17 were going to be dealing with. Ours kind of
18 encompasses a little bit of everything where
19 hers -- theirs is -- narrows down to more
03:46 20 rheumatology.

21 Q. And this was RHN, which is put
22 out by ContextMedia?

23 A. Yes.

24 Q. That's the competitor that

Joyce Lawrence, 3/19/2014

115

1 replaced PatientPoint system?

2 A. Yes.

3 Q. And that was the reason that
4 Joani gave you for the switch?

5 A. Yes.

6 Q. Did Joani also mention that
7 ContextMedia had a longer loop?

8 A. Yes.

9 Q. Did she specify how much longer?

03:47 10 A. No.

11 Q. Do you understand what loop
12 means?

13 A. Just how long -- yes, the
14 program, itself, is going to be longer.

15 Q. The programming repeat after a
16 certain amount of time?

17 A. Yes.

18 Q. And PatientPoint system at the
19 time probably was repeating every half hour;
03:47 20 is that correct?

21 A. Yes.

22 Q. Sometimes maybe up to 40, 45
23 minutes?

24 A. Yes.

Joyce Lawrence, 3/19/2014

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1 Q. Do you know how long RHN's loop
2 was at the time?

3 A. No.

4 Q. But that was important to Joani,
5 right?

6 A. Yes.

7 Q. Joani notes that they did very
8 much like your program before RHN came to
9 compete with it, correct?

03:48 10 A. Yes.

11 Q. So these competitive advantages,
12 the more focused rheumatology information and
13 the longer loop, were the reason for her
14 switch. It wasn't that she was dissatisfied
15 with PatientPoint before that, correct?

16 A. Correct.

17 Q. There was no confusion on
18 Joani's part, she knew that RHN was a
19 competitor of PatientPoint and she was
03:48 20 choosing them over PatientPoint, correct?

21 A. Correct.

22 Q. And she said that RHN offered to
23 take it down, correct?

24 A. Yes.

Joyce Lawrence, 3/19/2014

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1 Q. But you told her that they're
2 not allowed to do that, right?

3 A. Correct.

4 Q. You think she understood you?

5 A. Yes.

6 Q. You have no reason to believe
7 that, when you tell a practice that a
8 competitor is not allowed to touch the
9 equipment, that they somehow don't
03:49 10 understand, right?

11 A. Right.

12 Q. And you, you know, it's part of
13 your job to communicate effectively with
14 practices, right?

15 A. Yes.

16 Q. So you can kind of get a feel if
17 your point is getting across or if they're
18 confused in any way?

19 A. Yes.

03:49 20 Q. And if they were confused would
21 you follow up and make sure that they
22 understood you?

23 A. Yes.

24 MR. BERNAY: We've been going

Joyce Lawrence, 3/19/2014

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1 for a while. Let's take a break.

2 MR. HANKINSON: Okay.

3 (Break taken.)

4 Q. Ms. Lawrence, have you heard of
5 churn? I think we mentioned it earlier
6 today.

7 A. Yes.

8 Q. Have you heard of churn during
9 your work?

04:05 10 A. Yes.

11 Q. What does that refer to
12 specifically at PatientPoint?

13 A. The ins and outs. What I think
14 of is somebody -- one going in, one going
15 out.

16 Q. One what?

17 A. One service, one company going
18 in, one company going out. I think of it
19 like that.

04:05 20 Q. One provider of waiting room
21 network services going into a practice while
22 the other competitor goes out?

23 A. Correct. Yes. One going out,
24 one going in.

Joyce Lawrence, 3/19/2014

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1 Q. Is churn something that
2 PatientPoint tracks?

3 A. Yes.

4 Q. How do they do that?

5 A. I don't actually know exactly
6 how it goes about doing it. I'm sure we have
7 reports that run but I don't see that end of
8 it but I'm sure that there are reports that
9 run.

04:06 10 Q. You don't see that end of it.
11 Are you on the side of it where you're
12 inputting information in some way?

13 A. No.

14 Q. No?

15 A. No. I mean, I don't get to see
16 that. I mean, I do -- I put my notes in and
17 I'm sure there's some type of report that
18 runs but I don't get to -- I don't see that
19 side of it.

04:06 20 Q. What type of report?

21 A. Well, if the company runs
22 reports, that type of thing. I don't see
23 that side of it or know the outcome.

24 Q. Let me show you a document that

Joyce Lawrence, 3/19/2014

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1 we marked yesterday. Handing the exhibit,
2 Defendant's Exhibit -- I'm handing the
3 witness Defendant's Exhibit 27. Do you
4 recognize that document at all?

5 MR. BERNAY: Take a minute and
6 look through the document.

7 (Exhibit 27 was marked.)

8 A. I don't. I don't -- no.

9 Q. Do you recognize any of the
04:07 10 words in it or numbers, headings, anything?

11 MR. BERNAY: Objection to the
12 form. You can answer the question.

13 A. I mean, I know some of the,
14 like, competitor, brochures, advertising.

15 Q. Did you ever receive training or
16 instructions about picking just one reason
17 for a switch to a competitor or to
18 television?

19 A. Yes, yes. If there's -- like
04:08 20 some of these are a reason code.

21 Q. What's a reason code?

22 A. A reason for an office to choose
23 to leave, to move, to leave our company.

24 Q. A reason that a practice gives

Joyce Lawrence, 3/19/2014

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1 to terminate PatientPoint's waiting room
2 network service has a code that's assigned to
3 it; is that right?

4 MR. BERNAY: Object to the form.
5 You can answer.

6 A. Yes.

7 Q. Is there a long list of those
8 reasons they each have a code?

9 A. Just the ones mentioned here.

04:09 10 Q. Just the ones that are listed on
11 the first page of Defendant's Exhibit 27?

12 A. Yes.

13 Q. Did you receive training in what
14 those codes correspond to or how to pick a
15 particular code?

16 A. It's not so much training but it
17 just comes up on our screen. Yes, I guess it
18 is training. Comes up on our screen, on our
19 monitor.

04:09 20 Q. When does it come up on your
21 monitor?

22 A. When they click a little button
23 to choose when they're cancelling.

24 Q. So somebody calls or e-mails you

Joyce Lawrence, 3/19/2014

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1 from a practice and says I want to cancel,
2 you talk to them in the way that we've
3 discussed earlier today. At some point you
4 click a button. Is this connected to the CMS
5 system?

6 A. Correct.

7 Q. So you click a button in the CMS
8 software and -- that indicates the practice
9 wants to cancel, right?

04:10 10 A. Yes.

11 Q. And then after that at some
12 point there's an option given to you that
13 says -- that you're supposed to input a
14 reason code?

15 A. It will be a little drop down
16 and these little reasons will come down and
17 you just choose which one, why they're
18 leaving.

19 Q. And is it limited by the system
04:10 20 so that you can only choose one reason code?

21 A. Actually you can -- I think
22 there's two. You can choose two reason codes
23 why they're leaving.

24 Q. No more than two?

Joyce Lawrence, 3/19/2014

123

1 A. Yes.

2 Q. Did you ever receive training or
3 instruction about how to select just one or
4 two reasons if a practice gives you more than
5 that?

6 A. We can put it in the notes.

7 Q. And you do put it in the notes,
8 right?

9 A. Correct.

04:11 10 Q. I'm just asking did anybody ever
11 tell you, if the practice gives you three
12 reasons or five reasons, how to pick the ones
13 to put in as reason codes?

14 A. We'll choose from this list and
15 pull the ones that actually relate to that
16 office, what they're saying.

17 Q. And were you instructed to use
18 your best judgment in doing this?

19 A. Yes.

04:11 20 Q. And were you instructed what the
21 different reason codes meant?

22 A. Yes.

23 Q. Was that during a weekly meeting
24 or in a separate session?

Joyce Lawrence, 3/19/2014

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1 A. When we first talked when we are
2 hired, go through our training.

3 Q. And it's been the same since you
4 started in 2010?

5 A. Yes.

6 Q. Have the reason codes changed or
7 has it stayed the same since then?

8 A. I think it's pretty much stayed
9 the same.

04:12 10 Q. Were you trained at that time
11 how to get the practice to tell you the
12 reasons?

13 A. We just asked. I mean, we just
14 asked what the reason was.

15 Q. You were provided with the
16 binder about -- the WRN binder, correct?

17 A. Yes.

18 Q. And that had some instructions
19 about how to get that information from the
04:12 20 practice, right?

21 A. It had suggestions.

22 Q. Were you told to follow the
23 suggestions?

24 A. Yes.

Joyce Lawrence, 3/19/2014

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1 Q. Did that include asking
2 follow-up questions if at first the practice
3 didn't give you a real answer?

4 A. Well, we'd ask why and then we'd
5 ask if there was anything else we can do to
6 save, save you, is there something else that
7 you're looking for. We would just lead with
8 that.

04:12 9 Q. And the idea was that if you ask
10 if there's anything else you can do and the
11 practice says some things, then that's
12 probably the reason that they're switching?

13 A. Correct.

14 Q. Were there other leading
15 questions like that, that were intended to
16 get a reason from the practice representative
17 who was trying to cancel?

18 A. I don't know of any offhand
19 right now but --

04:13 20 Q. It was part of the binder and
21 the training?

22 A. Correct.

23 Q. The reason codes are entered
24 into the system every time a practice

Joyce Lawrence, 3/19/2014

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1 cancels, correct?

2 A. Yes. You can't go to another
3 screen unless you complete that screen.

4 Q. And those reason codes are
5 entered as a part of the ordinary course of
6 business, right?

7 A. Yes.

8 Q. And they're kept in the CMS as a
9 part of the ordinary course of business,
04:13 10 correct?

11 A. Yes.

12 Q. And the person who's entering
13 the reason code is the person who just
14 interacted with the practice about what that
15 reason was, correct?

16 A. Correct.

17 Q. And do they enter that reason
18 code at or right after the call or e-mail
19 exchange with the practice?

04:14 20 A. Right. Yes.

21 Q. In every case?

22 A. When they're cancelling.

23 Q. In every case that's true?

24 A. Yes.

Joyce Lawrence, 3/19/2014

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1 Q. Is a reason that this is a very
2 specific process so that PatientPoint can
3 look back at that data at some point?

4 A. Yes, so we know why.

5 Q. And then some analysis can be
6 done based on actual numbers about the
7 reasons that practices switch to a
8 competitor, correct?

9 A. Correct.

04:14 10 Q. And does the CMS also track
11 which competitor practices switch to when the
12 practice tells you?

13 A. That I don't know. I don't have
14 something that I click on to say which
15 competitor because I don't --

16 Q. That's just entered into the
17 notes?

18 A. Right. Sometimes we don't know
19 who.

04:15 20 Q. Right. You always ask, correct?

21 A. Correct.

22 Q. And if the practice tells you
23 then you always enter it into CMS, correct?

24 A. Correct.

Joyce Lawrence, 3/19/2014

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1 Q. Do you usually ask a follow-up
2 question if the practice doesn't tell you at
3 first?

4 A. I do.

5 Q. Do you do your best --

6 A. Well, I can't always -- yeah, I
7 do my best to find out and if they don't, I
8 don't keep asking.

9 Q. You apply your customer service
04:15 10 expertise to get the answer as best you can?

11 A. Yes. I don't want to make them
12 mad.

13 Q. You're trained in customer
14 service, correct?

15 A. Yes.

16 Q. How much training do you have?

17 A. About 30 years.

18 Q. Thirty years of continuous
19 training?

04:15 20 A. Of being in customer service.

21 Q. Including at various companies?

22 A. Yes.

23 Q. And did those various companies
24 give you periodic trainings throughout those

Joyce Lawrence, 3/19/2014

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1 years?

2 A. Yes.

3 Q. Both specific to the practices
4 at that company and also just general
5 customer service principles?

6 A. Yes.

7 Q. Have you received specific
8 training in how to elicit information from a
9 customer?

04:16 10 A. Not so much that.

11 Q. What kinds of things?

12 A. I mean, I haven't been told
13 exactly how to go about pulling information
14 from a customer, no.

15 Q. What kind of things have you
16 received training in?

17 A. Just about how to -- well, phone
18 training and just how to speak to a customer,
19 how to work with practices.

04:16 20 Q. In what sense did you get
21 trained in how to work with practices?

22 A. How to -- just what not to ask,
23 what to ask. I don't know how much --

24 Q. I'd like all the detail.

Joyce Lawrence, 3/19/2014

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1 A. I don't know. I just have a
2 phone etiquette.

3 Q. What do you mean by what to ask
4 and what not to ask?

5 A. I mean, there's -- I don't
6 usually cross the -- I'm not going to go
7 overboard and ask -- I'm not going to make a
8 customer mad. If they don't want to talk
9 about something or -- I'm not going to call
04:17 10 them too many times. If somebody in another
11 department just called, I'm supposed to call
12 them in a few days, I stop. I don't call and
13 bug them again. Little things like that.

14 Q. When you're on calls or e-mail
15 exchanges with practices are you applying all
16 your experience in 30 years and all the
17 training that you've gotten --

18 A. I try to.

19 Q. -- to do the best job you can,
04:17 20 right?

21 A. I do.

22 Q. Do you think you're, at this
23 point, pretty good at your job?

24 A. I feel I am.

Joyce Lawrence, 3/19/2014

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1 Q. Do you feel you're an expert in
2 customer service?

3 A. I feel I am.

4 Q. Do you feel that, based on your
5 experience, you can get a good understanding
6 from most practices about the information
7 that you're trying to get from them?

8 A. Yes.

04:18

9 Q. Do you feel that, from your
10 experience and training, you can tell if
11 you're not getting all the information?

12 A. Sometimes.

13 Q. You get a feeling?

14 A. Yes.

15 Q. Where you feel like you're not
16 getting the whole story do you enter
17 something in CMS to indicate that?

18 A. No, I would never do that.

04:18

19 Q. You would just give the best
20 information that you're able to give and put
21 that into CMS, correct?

22 A. Correct.

23 Q. And if the practice won't give
24 you the information you would put that into

Joyce Lawrence, 3/19/2014

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1 CMS?

2 A. Right. If they won't tell me
3 who then I just put they would not divulge
4 who.

5 Q. Or why if they won't tell you
6 why?

7 A. Correct.

04:19

8 Q. How often do you enter a reason
9 but you think that the practice was not being
10 honest with you?

11 MR. BERNAY: Object to the form
12 of the question. You can answer.

13 A. Depending on how they --
14 whatever they said. If --

15 Q. I'm just asking how often.

16 A. How often?

17 Q. It's not something that comes up
18 a lot, correct?

19 A. Correct.

04:19

20 Q. People are generally honest with
21 you?

22 A. They are.

23 Q. Ninety-nine times out of a
24 hundred or more --

Joyce Lawrence, 3/19/2014

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1 A. Yes.

2 Q. -- your feeling is that the
3 practice representative is being honest with
4 you?

5 MR. BERNAY: Object to the form.
6 You can answer.

7 A. I feel they are.

8 Q. It's very rare that you would
9 get the feeling that they're not being
10 honest?

11 A. Most of the time.

12 Q. Most of the time it's very rare?

13 A. Correct.

14 Q. The other times it's just rare?

15 A. Yes.

16 Q. Could you tell me what companies
17 you've worked for in customer service and
18 about what time frames?

19 A. Central Hardware, '79 to --
20 well, 15 years ago -- to '83, '85. I worked
21 at Time Warner Cable. I'm kind of jumping
22 around. I work at Fifth Third Bank and I
23 worked at -- I worked at Fifth Third Bank for
24 a year and a half in the '80s. I worked at

Joyce Lawrence, 3/19/2014

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1 Time Warner Cable, and that was until 2009
2 for seven years, so 2002. And it was all
3 pretty much customer service in those
4 departments, and then 2010 until now, so I
5 was a little scrambled there.

6 Q. That's okay. 1979 for about,
7 let's see, until about the mid 1980s you
8 worked at Central Hardware?

9 A. Yes.

04:21 10 Q. And that was in customer
11 service?

12 A. Yes.

13 Q. Did they give you training
14 throughout that time?

15 A. Uh-huh. Yes.

16 Q. Was there a database that you
17 entered information into?

04:22 18 A. Well, I worked -- yes, there
19 was. I worked in a computer. I worked -- I
20 did payroll.

21 Q. It was pretty cutting edge at
22 that point?

23 A. I was. I worked at a register,
24 I was a supervisor.

Joyce Lawrence, 3/19/2014

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1 Q. And there was data entry where
2 you were trying to get information and then
3 pass it into a system?

4 A. Yes.

5 Q. And then after that at some
6 point you worked for Fifth Third Bank just
7 for a brief period?

8 A. For about a year and a half.

9 Q. Year and a half. Was that in
04:22 10 customer service?

11 A. Yes.

12 Q. Was there entry of information
13 that you got from customers into a database
14 there?

15 A. Yes.

16 Q. Did you receive training in how
17 to do that?

18 A. Yes.

19 Q. And then where did you work
04:22 20 from, if at all, from sort of the late 1980s
21 to 2002?

22 A. I think that was Rumpke.

23 Q. Rumpke or Remke?

24 A. Rumpke trash service, customer

Joyce Lawrence, 3/19/2014

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1 service.

2 Q. Was that also, yes, you said,
3 customer service?

4 A. Yeah. Yes.

5 Q. And did that job involve
6 eliciting information from customers and
7 putting it into a database?

8 A. It did.

9 Q. And did you receive training
04:23 10 throughout your time at Rumpke in how to
11 effectively do that?

12 A. Yes.

13 Q. Then from 2002 to 2009,
14 approximately, you worked at Time Warner
15 Cable; is that right?

16 A. Yes.

17 Q. And there, as well, it was in
18 customer service?

19 A. Yes, for a year in customer
04:23 20 service and then I did sales.

21 Q. Okay. When you were in customer
22 service did you get information from
23 customers and put it in the database?

24 A. I did.

Joyce Lawrence, 3/19/2014

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1 Q. And did you receive training in
2 how to do that effectively?

3 A. Yes.

4 Q. When you were in sales at Time
5 Warner Cable did you also still engage with
6 customers and potential customers?

7 A. Yes.

8 Q. And did that involve taking
9 information from those customers and putting
10 it into a database?

11 A. Yes.

12 Q. Did you receive training from
13 Time Warner Cable in how to effectively do
14 that?

15 A. Yes.

16 Q. After that you moved to
17 PatientPoint from 2010 to present, correct?

18 A. Correct.

19 Q. Do you think there's anyone at
20 PatientPoint for a practice -- let me start
21 over.

22 When a practice cancels and you
23 are the person who takes the cancellation
24 call or e-mail is there anyone at

Joyce Lawrence, 3/19/2014

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1 PatientPoint who would know more than you
2 about the reasons that that practice is
3 cancelling?

4 A. There may be. I don't know.

5 Q. You're not aware of someone else
6 who would?

7 A. Correct.

8 Q. And if there was someone else
9 who knew more they would be entering

04:25 10 information in CMS, correct?

11 A. Correct.

12 Q. Therefore, the information in
13 CMS entered by you would be the best
14 information that PatientPoint has about the
15 reasons for a customer to switch to a
16 competitor unless there's another CMS entry
17 about that practice by someone else --

18 MR. BERNAY: Object to the form.

19 Q. -- is that correct?

04:25 20 MR. BERNAY: You can answer.

21 A. Can you say that again?

22 Q. Sure. If there's no other entry
23 in CMS about the practice switching and the
24 reasons that the practice is switching to a

Joyce Lawrence, 3/19/2014

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1 competitor, only your entry --

2 A. Okay.

3 Q. -- then you are the person with
4 the most knowledge about the reason for the
5 switch at PatientPoint, correct?

6 MR. BERNAY: Same objection.
7 You can answer.

8 A. Correct.

9 Q. We talked about it a lot. I'm
04:26 10 going to hand you what we are marking as
11 Defendant's Exhibit 31.

12 (Exhibit 31 was marked.)

13 Q. This is a document that was
14 produced, meaning given to us, by
15 PatientPoint's attorneys and they've called
16 it HAN 001590. That doesn't appear on the
17 face of this document because it was produced
18 in a form that didn't have a label on it and
19 that's when I printed it out, but this is
04:27 20 that document, the one that you produced to
21 me by e-mail, Aaron.

22 MR. BERNAY: Just, for the
23 record, I think it's HAN 005190.

24 MR. HANKINSON: Pardon me.

Joyce Lawrence, 3/19/2014

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1 MR. BERNAY: And this was -- I
2 believe this was entered as an exhibit
3 yesterday as Exhibit 18.

4 MR. HANKINSON: But there were
5 some cutoffs.

6 MR. BERNAY: There was some
7 cutoffs so this is a version of the same
8 document with full entries.

9 MR. HANKINSON: With no cutoffs.

04:27 10 Thank you for that. So HAN 005190.

11 Q. Ms. Lawrence, do you recognize
12 the fields, the columns that you can see in
13 this exhibit as fields in the CMS?

14 A. Yes.

15 Q. The column that's labeled
16 comment text, do those appear to you to be
17 CMS entries?

18 A. Yes.

04:28 19 Q. The location ID column, does
20 that appear to you to have the numbers that
21 are assigned to practices?

22 A. Yes.

23 Q. Does each practice get a unique
24 location ID?

Joyce Lawrence, 3/19/2014

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1 A. Yes.

2 Q. The next column after location
3 ID is location name. In the CMS database do
4 these location names appear this way?

5 A. Yes.

6 Q. The column after that is program
7 code and the programs say things like PCN,
8 ACN. I'm not seeing a CCN but there might be
9 one. Are those the different networks that
04:29 10 would be associated with that practice in
11 CMS?

12 A. Yes.

13 Q. What is stage code?

14 A. What stage they're in now,
15 whether they're active or cancelled.

16 Q. So active is part of the
17 network, cancelled is what would be in CMS
18 after the practice has terminated HAN's or,
19 excuse me, Healthy Advice's or PatientPoint's
04:29 20 network?

21 A. Correct.

22 Q. Is stage competitor a field
23 where, if the competitor that the practice
24 moves to is known, it's entered into CMS.

Joyce Lawrence, 3/19/2014

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1 A. Yes.

2 Q. So where I see Accent Health in
3 this column, in Defendant's Exhibit 31, that
4 would be PatientPoint's best knowledge of
5 which competitor the practice switched to,
6 correct?

7 A. Correct.

04:30

8 Q. And if it says television then
9 PatientPoint's best knowledge is that the
10 practice cancelled PatientPoint and uses a
11 television instead, right?

12 A. Yes.

13 Q. What does stage date mean?

14 A. I've not really heard of that
15 but I'm guessing that was the date that we
16 removed it.

17 Q. Do you enter a date of removal
18 in CMS?

19 A. Yes.

04:30

20 Q. And the text that you would
21 enter in the CMS would appear like these
22 entries under the column comment text,
23 correct?

24 A. Yes.

Joyce Lawrence, 3/19/2014

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1 Q. In fact, in this spreadsheet
2 there's not a column for the person who
3 entered any of the information, correct?

4 A. There is not.

5 Q. In the CMS any entry in, you
6 know, text comment would be associated with
7 the person who entered it, yes?

8 A. Usually, yes.

04:31

9 Q. So if I wanted to look up all
10 the comments about practices that Ms.
11 Lawrence, you, had made there would be a way
12 to pull up all those comments?

13 A. I would think. I don't -- I
14 don't know the --

15 Q. Sure.

16 A. -- I don't know how it's done.

17 Q. But when you enter it the system
18 retains the information that you entered it?

04:32

19 A. I would think because it's done
20 under state so -- by state. I don't know how
21 they do it. I know my states back then -- I
22 have my certain territories.

23 Q. Oh, interesting.

24 A. We all have territories. I was

Joyce Lawrence, 3/19/2014

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1 Michigan back in 2010.

2 Q. Really? I did not know that.

3 A. Yeah. Now I'm not Michigan
4 anymore.

5 Q. Where are you now?

6 A. I'm the lower, Oklahoma,
7 Texas --

8 Q. And how long have you --

9 A. -- Arizona.

04:32 10 Q. -- how long have you had that
11 territory?

12 A. Since May of 2013.

13 Q. And were you just Michigan up
14 until then?

15 A. Uh-huh.

16 Q. So if I went through here and
17 found Michigan entries they would most likely
18 be yours unless they were after 2013, mid
19 2013?

04:33 20 A. Yes.

21 Q. So if you could flip to the
22 sixth page.

23 MR. BERNAY: Give us the
24 location ID on the --

Joyce Lawrence, 3/19/2014

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1 MR. HANKINSON: I'm going to.

2 MR. BERNAY: -- just so we know
3 we're at the right page.

4 Q. So if you're on the sixth page
5 go to the second row, it should be location
6 ID 3585994. Are you with me?

7 A. Yes.

8 Q. And that location name is Family
9 Practice Center of Livonia, L-I-V-O-N-I-A,
04:33 10 right?

11 A. Yes.

12 Q. Do you remember the Family
13 Practice Center of Livonia in Michigan in
14 2010?

15 A. Let me read here.

16 Q. Sure.

17 A. Okay. Just by reading the notes
18 I can't say I remember remember (sic), but
19 yes.

04:34 20 Q. Looks like the practice wanted
21 sound?

22 A. Yes.

23 Q. And gave that as the reason for
24 the switch?

Joyce Lawrence, 3/19/2014

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1 A. Yes.

2 Q. This entry appears as Accent
3 Health in the stage competitor field. Do you
4 see that?

5 A. Yes.

6 Q. The comments say, Bonnie was not
7 sure who competitor was. Thinks it is Accent
8 Health. Is that right?

9 A. Yes.

04:35 10 Q. Where -- if you weren't sure
11 from the practice who the competitor was but
12 you thought it was likely a particular
13 competitor would you, as part of your job,
14 still enter that competitor's name into CMS?

15 A. She thought it was Accent
16 Health. That's why I put it as Accent
17 Health.

18 Q. It was your best information
19 about who the competitor was?

04:35 20 A. Correct.

21 Q. So you put it in the CMS, right?

22 A. Yes.

23 Q. The good news is you didn't lose
24 very many.

Joyce Lawrence, 3/19/2014

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1 A. No.

2 Q. Trying to think of the best way
3 to do this. These location IDs appear to be
4 at least roughly -- no, they're not in order.
5 That's okay. Would you turn to page number
6 three? The third page. They're not
7 numbered. This first row of the third page
8 there's a location ID 3683483. Are you with
9 me?

04:37 10 A. Yeah.

11 Q. Yes?

12 A. Yes.

13 Q. I see a location name Baptist
14 Primary Care, Lane Avenue, correct?

15 A. Yes.

16 Q. This would not be one of yours.
17 This is in Florida, it looks like, right?

18 A. Yes.

04:38 19 Q. But a member of the team would
20 have entered this into CMS at the time,
21 right?

22 A. Yes.

23 Q. This looks like it was one of
24 those connectivity issues, right? Says,

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1 since the one monitor always has problems
2 working.

3 A. Yes.

4 Q. Then it says they may end up
5 also cancelling HAF. What's HAF?

6 A. That's our exam room program.

7 Q. And is there revenue that goes
8 to PatientPoint from the exam room program as
9 well as from the screen networks in the
04:38 10 waiting rooms?

11 A. Yes.

12 Q. Those programs are separate and
13 -- right?

14 A. Yes, they are separate.

15 Q. This practice, for instance, is
16 considering keeping the exam room program but
17 getting rid of PatientPoint and the waiting
18 room network, correct?

19 A. Yes.

04:39 20 Q. Is it true that PatientPoint is
21 happy to coexist with a competitor in a
22 waiting room?

23 A. Yes.

24 Q. Is that something that you

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1 routinely tell practices when they want to
2 cancel or switch to a competitor?

3 A. Yes.

4 MR. HANKINSON: Aaron, may I ask
5 you to share with the witness on this one?

6 MR. BERNAY: We can share.

7 Q. I would like to hand you what
8 we're marking as Defendant's Exhibit 32.

9 (Exhibit 32 was marked.)

04:40 10 Q. This is a document that was
11 produced to us, given to us by PatientPoint's
12 attorneys with a number HAN 003273. Do the
13 column headings in Defendant's Exhibit 32
14 appear to be fields from CMS?

15 A. Yes.

16 Q. The location ID means the same
17 as in Defendant's Exhibit 31, right?

18 A. Yes.

04:41 19 Q. And the location name would mean
20 the same thing as in Defendant's Exhibit 31,
21 correct?

22 A. Yes.

23 Q. The program code would also mean
24 the same thing?

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1 A. Yes.

2 Q. The stage code, whether active
3 or cancelled, that would also be the same as
4 in -- the same meaning as in Defendant's
5 Exhibit 31?

6 A. Correct.

7 Q. The stage date, you weren't sure
8 about but you thought probably was when it
9 was de-installed, correct?

04:41 10 A. Correct.

11 Q. The created by is a column
12 that's not in Defendant's Exhibit 31 but is
13 here in Defendant's Exhibit 32, correct?

14 A. Yes.

15 Q. Do you recognize, for example,
16 TPittman, which is the entry in the third
17 row?

18 A. I don't know who that person is
19 but I do know the other two.

04:42 20 Q. Who are the other to?

21 A. Amy Petrick is the top one and
22 Missy Reno is the second one.

23 Q. So in the created by column the
24 initials AP mean Amy --

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1 A. Petrick.

2 Q. -- Petrick?

3 A. She's in IT department.

4 Q. How do you spell that?

5 A. P-E-T-R-I-C-K.

6 Q. Was it Melissa Reno?

7 A. Missy, M-I-S-S-Y, and Reno,
8 R-E-N-O.

04:42

9 Q. Is the meaning of MReno, all one
10 word, in the second row of the created by
11 column, right?

12 A. Yes.

13 Q. Is this a field in CMS that
14 states who wrote the comments text in CMS?

15 A. Yes.

16 Q. So if you wrote the comment text
17 in CMS some version of your name would appear
18 in created by, correct?

19 A. Correct.

04:43

20 Q. Created date, is that a field in
21 CMS that relates to the date that the comment
22 text was created?

23 A. I believe so.

24 Q. Do you know what CMT underscore

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1 source means as a column heading?

2 A. I don't.

3 Q. This is going to be a little bit
4 cumbersome to navigate around in, so what I
5 would like you to do is hand me back the
6 exhibit and I'm going to find for you the
7 place where I am and then hand it back to
8 you.

9 MR. BERNAY: I'll say this
04:43 10 appears to be just a repaginated version of
11 Exhibit 17.

12 MR. HANKINSON: I'm not sure
13 what the number is but this was marked
14 yesterday.

15 MR. BERNAY: Yes.

16 MR. HANKINSON: And, again, I
17 believe there may have been cutoff issues.

18 MR. BERNAY: Right. So I
19 believe location ID runs sequentially in this
04:44 20 one so if you want to just give us a location
21 ID that could make for a better finding tool.

22 MR. HANKINSON: Apparently with
23 some exceptions. Oh, it switches digit
24 counts. Okay.

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1 MR. BERNAY: Right.

2 Q. Location ID 3655328 is the row
3 that I would like you to turn to, Ms.
4 Lawrence. Thank you very much.

5 MR. BERNAY: What's the -- the
6 easiest way to find it, Tom, is there are two
7 dates. What's the, I guess, the second date
8 as you're going left to right in the column
9 that you want to ask about?

04:44 10 MR. HANKINSON: Actually it's
11 the third page of 3655328.

12 MR. BERNAY: Okay.

13 MR. HANKINSON: And it is the
14 top two rows where JLawrence is in the
15 created by column. The date would be -- the
16 second date would be 28th of May '13.

17 MR. BERNAY: Okay.

18 Q. There you are. Correct?

19 A. Yes.

04:45 20 Q. Very good. So in the top two
21 rows with a created date of May 28th, 2013
22 appear comment text entries that you entered
23 into CMS, correct?

24 A. Yes.

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1 Q. These comments have to do with
2 Greenville Healthcare Associates, correct?

3 A. Yes.

4 Q. That's the practice that's at
5 issue?

6 A. Yes.

7 Q. Your contact there appears to be
8 Dee Ayad, the office manager; is that right?

9 A. Correct.

04:46 10 Q. This would have been less than a
11 year ago. Do you happen to remember your
12 interaction with Dee?

13 A. Vaguely. Yes. Somewhat.

14 Q. Did this practice want to cancel
15 its subscription to PCN?

16 A. Yes.

17 Q. And did this practice want to
18 switch to ContextMedia?

19 A. Yes.

04:46 20 Q. The reason that Dee Ayad gave
21 you for switching was ContextMedia has
22 scrolling news, weather, educational stories
23 and also that she was looking for something
24 different, correct?

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1 A. Correct.

2 Q. If you had gotten any other
3 reasons from Diad you would have entered them
4 into CMS, right?

5 A. Yes.

6 Q. And if someone else at
7 PatientPoint had more knowledge about this,
8 they would have entered something in CMS
9 about it, correct?

04:47 10 A. Correct.

11 Q. So if I don't see another entry
12 that contradicts this I would be reasonable
13 to assume that PatientPoint's best
14 information about the reason for the switch
15 appears in that comment section, correct?

16 MR. BERNAY: Object to the form.
17 You can answer.

18 A. Correct.

19 Q. For business purposes if someone
04:47 20 asks PatientPoint why did Diad of the
21 Greenville Health Associates switch, this CMS
22 entry is where PatientPoint would go to find
23 the answer to that, correct?

24 MR. BERNAY: Object to the form.

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1 You can answer.

2 A. Yes.

3 Q. For instance, and I don't know
4 why they would be interested, but if like a
5 sponsor said it looks like you lost
6 Greenville Healthcare Associates, tell me
7 why, then PatientPoint would go to this CMS
8 if they wanted to provide an answer, correct?

9 MR. BERNAY: Object to the form.

04:48 10 You can answer.

11 A. Yes.

12 Q. And that's the reason that you
13 make these entries is to rely on them for
14 business purposes, right?

15 A. Correct.

16 Q. That's why PatientPoint trains
17 you to look at how to interact with customers
18 on the phone and then input the relevant
19 information into CMS, right?

04:48 20 A. Correct.

21 Q. If you look at the second row
22 this is also an entry that was entered by
23 you, correct?

24 A. Yes.

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1 Q. And it says that you let Dee
2 know that only our technician can take down
3 our equipment, right?

4 A. Yes.

5 Q. Do you remember that
6 conversation?

7 A. Not to the T but since I wrote
8 it here. I don't remember speaking it but
9 I'm sure I did if I wrote it here.

04:49 10 Q. You got the impression that Diad
11 was confused at all about -- let me start
12 over.

13 Diad was not confused about who
14 ContextMedia was, correct?

15 A. I don't think she was.

16 Q. It was pretty clear it was a
17 different company, and that Greenville Health
18 Care Associates wanted to go with that
19 different company instead of PatientPoint,
04:49 20 correct?

21 A. Yes.

22 MR. BERNAY: Object to the form.

23 A. I would think so.

24 Q. And do you have any reason to

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1 believe that Diad didn't understand you when
2 you said that only your technician should
3 take down the equipment?

4 A. I don't think she misunderstood.

5 Q. In the WRN binder are there any
6 instructions or scripts or any other material
7 that's particular to a competitor as opposed
8 to other competitors?

9 A. No.

04:50 10 Q. Is there any information in that
11 WRN binder that's particular to ContextMedia?

12 A. No.

13 Q. Have you received instructions
14 informally at any point about asking
15 particular questions when a practice is
16 switching to ContextMedia as opposed to
17 another competitor?

18 A. No.

04:51 19 Q. Have you ever received
20 instructions that when the competitor is
21 ContextMedia, a different member of the team
22 or a member of another team should deal with
23 the switchout or callback to make inquiries
24 of the customer?

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1 A. No. No, it just -- no matter
2 who it is, we really take the same -- take
3 the same steps. We make sure that everybody
4 knows only PatientPoint can remove the
5 equipment. We're responsible for it. We
6 don't want them to be responsible if
7 something would happen to it.

8 Q. If something happens to the
9 equipment then you instruct the practice that
04:51 10 they could be liable for that equipment?

11 A. Right, if something were to
12 happen.

13 Q. Are you aware of any instances
14 where a practice has had to pay any money to
15 PatientPoint for any reason?

16 A. I -- personally I don't know of
17 anybody.

18 Q. And there are times when the
19 equipment is written off, correct?

04:52 20 A. Yes. I think. I don't see that
21 end of it but --

22 Q. Are there times when you enter
23 instructions in CMS to write off equipment?

24 A. No, I don't. I don't get to see

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1 that. I don't do that. I don't take care of
2 that.

3 Q. Are there times when you ask
4 someone if equipment should be written off?

5 A. No.

6 Q. How should I say this when we're
7 talking about the list from Vida?

8 A. Vida.

9 Q. Vida. You're engaging with her
04:52 10 in some way about whether to leave the
11 equipment there. What's the kind of entry
12 that would go into CMS for that?

13 A. I would send the information to
14 her and she would take care of whatever was
15 going to be done. If that's something that
16 was going to be done she would enter the
17 information into CMS.

18 Q. So Vida also has access to CMS?

19 A. Correct.

04:53 20 Q. And her instructions are to
21 record her actions with respect to a practice
22 into CMS?

23 A. Yes.

24 Q. If she determines that a

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1 practice should be allowed to keep hardware
2 then that would be reflected in CMS, correct?

3 A. Correct.

4 Q. Do you know if it's a separate
5 field?

6 A. I don't know. I don't believe
7 so.

8 Q. You said you don't believe so?

9 A. Correct. I don't think it is.

04:53 10 I think we're all in the same system.

11 Q. Comment field?

12 A. Correct.

13 Q. There could be a lot of
14 different comments for each location?

15 A. Yes.

16 Q. And they'd be parcelled out by
17 who made them and on what date?

18 A. Yes.

04:54 19 Q. Did Lori Smith, at some point,
20 take on extra responsibilities for switchouts
21 related to ContextMedia?

22 A. Yes.

23 Q. What were those
24 responsibilities?

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1 A. If someone from -- if somebody
2 was switching over to ContextMedia she would
3 take care of those accounts. We would send
4 the information on to her.

5 Q. So does that refresh your memory
6 that you did receive instructions at some
7 point where, if the competitor was
8 ContextMedia, that it should be directed to
9 someone else on your team?

04:54 10 A. Yes.

11 Q. When did that happen?

12 A. Maybe 2012, somewhere around
13 there, since it was happening a lot, and then
14 we would just let her know so she can keep
15 track of how things were happening.

16 Q. And she would ask particularized
17 questions as to ContextMedia, right?

18 A. Correct.

04:55 19 Q. That was one reason to direct
20 them to her because had access to what
21 questions were supposed to be asked?

22 A. Yes. She would call the
23 practice to remind them to please don't have
24 the equipment taken down, let us take the

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1 equipment down. Don't let the other
2 competitor take it down, we'll take care of
3 that for you.

4 Q. Part of her duties were to, even
5 more than you normally did, remind the
6 practice not to take the equipment down,
7 itself, or let anybody else, correct?

8 A. Correct.

04:55

9 Q. And Lori Smith also had certain
10 additional questions that she was supposed to
11 ask the practice about the switch to
12 ContextMedia, right?

13 A. I think. I never knew what she
14 did. I didn't know what all her
15 responsibilities were. I just knew we would
16 copy her on the e-mail and send that
17 information to her. I don't know -- I didn't
18 know all her responsibilities though.

04:55

19 Q. Did she ever discuss practices
20 who switched to ContextMedia at the weekly
21 meetings?

22 A. No.

23 Q. Did you ever discuss it with her
24 informally in any way?

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1 A. No. I would just send the
2 information to her and knew that she was
3 ContextMedia's person to send all that
4 information to.

5 Q. In what way were you told to do
6 that? By e-mail or live or on the phone?

7 A. We may have had a meeting. I'm
8 not sure. I don't remember. It was a while
9 ago.

04:56 10 Q. But you said it wasn't at a team
11 meeting on a Friday, it was a special
12 meeting?

13 A. It may have been or by e-mail.
14 I don't recall how Amy told us to do it, but
15 I just knew Lori was that person to send that
16 information to.

17 Q. Would there normally be an
18 e-mail if an instruction like that was given?

19 A. I can't recall. I can't recall.
04:56 20 I don't know if it was done that way or by a
21 meeting.

22 Q. Has anyone at PatientPoint ever
23 spoken to you about the importance of the 30
24 day termination period to efforts to resell

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1 or save the practice?

2 A. Yes. I mean, within that 30 day
3 period then we had that time, we were like
4 within like a two week period after that, go
5 ahead and give them a call back to try to,
6 you know, save them if we were able to but,
7 you know, we still had that 30 day window. I
8 always would call like in two weeks to see if
9 anything has changed or if they've noticed
04:58 10 anything different on the monitor. I always
11 tried to put a new message up to see if that
12 enticed them or not. Again, that rate wasn't
13 too high but --

14 Q. If the practice didn't object
15 would PatientPoint try to take as long as
16 possible to take down the screen in order to
17 give more time to save the practice?

18 MR. BERNAY: Objection to the
19 form. You can answer.

04:58 20 A. If they had to have it done
21 sooner, if they insisted, we obliged.

22 Q. If they were okay with 60
23 days --

24 A. No, we wouldn't go that long.

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1 Q. You wouldn't go that long?

2 A. No. It's -- they took a form of
3 the document and go by the enrollment form.

4 Q. But within the first two weeks
5 of the 30 days you would, as a matter of
6 practice and procedure, make efforts to save
7 the practice, correct?

8 A. That was always my rule of thumb
9 but maybe somebody was a little bit different
04:59 10 but I always gave them two weeks so I
11 wouldn't bombard them, but we were given that
12 so we could try to save them in that time
13 frame.

14 Q. The hardware, upon cancellation,
15 either would be left with the practice or
16 destroyed on the one hand, or shipped back
17 for reuse, correct?

18 A. Correct.

19 Q. Is there any third option for
04:59 20 hardware where it's shipped back if something
21 else happens to it?

22 A. Not that I know of.

23 MR. HANKINSON: I think that's
24 all I have.

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1 MR. BERNAY: All right. I just
2 have one quick question for you.

3 DIRECT EXAMINATION

4 BY MR. BERNAY:

5 Q. I'd like to clarify the record.

6 Going back to the beginning of this

7 deposition you were asked about practice

8 messaging and the importance of refreshing

9 and updating practice specific content so

05:00 10 that it -- so that it does not go stale. I

11 want to be sure that I understood your

12 testimony correctly. Is it your opinion that

13 Healthy Advice's content loop as a whole is

14 boring and repetitive?

15 A. No.

16 Q. So when you testified before, if

17 I understand correctly, you were saying that

18 if a practice doesn't refresh its messages

19 they can become boring and repetitive, its

05:01 20 particular practice content?

21 A. No, the content is not boring

22 and repetitive. That's updated every month.

23 That's always changed. I just like to update

24 their personal messages because that's always

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1 playing in between the content. That's
2 always updated every month so that's --
3 that's never the same.

4 Q. That's what I have.

5 RECROSS-EXAMINATION

6 BY MR. HANKINSON:

7 Q. Brief follow up, Ms. Lawrence.

8 A. Uh-huh.

9 Q. Practices sometimes tell you
05:01 10 that they're switching to a competitor
11 because the competitor's loop of content is
12 longer, right?

13 A. Yes.

14 Q. And a longer loop repeats less
15 often, correct?

16 A. Correct.

17 Q. Do practices sometimes report
18 that they are cancelling because
19 PatientPoint's content is boring or
05:02 20 repetitive?

21 A. It may be to them. Not a
22 hundred percent sure.

23 Q. They've indicated that it may be
24 in certain instances?

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1 A. In the one e-mail, yes.

2 Q. I don't have anything else.

3 MR. BERNAY: I'm done, as well.

4 MR. HANKINSON: Thank you very
5 much for coming in.

6

7 JOYCE LAWRENCE

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(DEPOSITION CONCLUDED AT 5:01 P.M.)

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1 C E R T I F I C A T E

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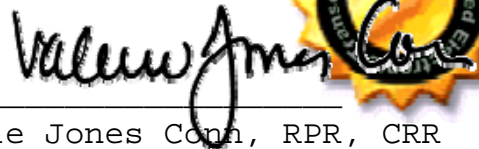
5 I, Valerie Jones Conn, RPR, CRR, the
6 undersigned, a duly qualified notary public
7 within and for the State of Ohio, do hereby
8 certify that JOYCE LAWRENCE was by me first
9 duly sworn to depose the truth and nothing
10 but the truth; foregoing is the deposition
11 given at said time and place by said witness;
12 deposition was taken pursuant to stipulations
13 hereinbefore set forth; deposition was taken
14 by me in stenotype and transcribed by me by
15 means of computer; that the transcribed
16 deposition was made available to the witness
17 for examination and signature and that
18 signature may be affixed out of the presence
19 of the Notary Public-Court Reporter. I am
neither a relative of any of the parties or
any of their counsel; I am not, nor is the
court reporting firm with which I am
affiliated, under a contract as defined in
Civil Rule 28(D) and have no financial
interest in the result of this action.

IN WITNESS WHEREOF, I have hereunto set my
hand and official seal of office at
Cincinnati, Ohio this 24th day of March,
2014.

17

18

19



20 My commission expires: Valerie Jones Conn, RPR, CRR
21 September 4, 2017 Notary Public - State of Ohio

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